Manitoba Health

Annual Report
2010 - 2011

Manitoba

MINISTER OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour the Honourable Philip S. Lee, C.M., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

I have the privilege of presenting the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2010/11. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

Original signed by

Theresa Oswald
Minister of Health

Health
Deputy Minister of Health
Winnipeg MB R3C 0V8

Honourable Theresa Oswald
Minister of Health

Dear Minister:

I am pleased to present the Annual Report of Manitoba Health and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2010/11.

Major achievements of the Department for the fiscal year 2010/11 included:

- Commenced a revision of strategic priorities and goals established for the department in September 2010 to set expectations for future accountability. New department processes and tools to support this planning were initiated in early 2011.
- Implemented the Performance Indicator Project to address the regional health authorities' needs for technology to support the collection, storage, reporting, measurement and monitoring of key performance indicators, as well as enabling regional health authorities to track and report on performance indicators that have been identified as shared priorities across regions.
- Established a Dial-A-Dietitian service and expanded chronic disease self-managed care services for patients with heart failure and type 2 diabetes using TeleCARE and MBTelehealth.
- Enhanced analysis of communicable disease and environmental health threats including database development, expanded surveillance, and improved data quality, monitoring and reporting.
- Launched eChart Manitoba, the province's electronic health-record system. This included implementation of electronic medical records program processes, procedures and technology to enable timely data feeds from Manitoba Health Pharmacare and immunization data to the provincial eChart program hosted at Manitoba eHealth.
- Implemented IMPRxOVE (Improving Medication Prescribing and Outcomes via Medical Education) Program, a first in Canada initiative, that is expected to improve the safety and health outcomes for Manitobans receiving mental health medications.
- Launched an online drug formulary which provides health care professionals and the public with current information on drug benefits available through the Pharmacare program.
- Invested in Multiple Sclerosis support and research with coverage for a new drug and setting aside funds for clinical trials of chronic cerebro-spinal venous insufficiency treatment.
- Funded and supported the first-in-Canada organ donation physician specialist team to increase organ transplants and access to life saving organ donations.
- Enhanced monitoring and accountability in the licensing process to further improve resident safety and quality of care in personal care homes. As well, increased rigor in the monitoring of personal care home standards through an increase in the number of unannounced visits to personal care homes across the province over and above the regular schedule of standards visits.
- Commenced initiatives towards the Family Doctor for Every Manitoban by 2015 initiative. This initiative supports the nurse practitioner quick-care clinics and mobile clinics while expanding the successful Advanced Access care model in the province.

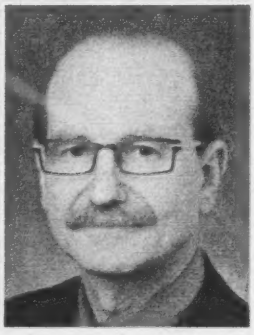
- Continued support for the improvement to doctor education, recruitment and retention strategies by supporting medical enrolment and keeping medical school tuitions affordable. This has resulted in over 81% retention of the 2010 graduating medical class from the University of Manitoba, Faculty of Medicine, staying in Manitoba, which is 10% higher than 2009, where the retention rate was just over 71%.
- Improvements to the doctor education, recruitment and retention strategy in Manitoba that has resulted in a net increase of 405 new doctors in 2010.
- Through continued aggressive recruitment and retention of nurses in 2010, this led to a net gain of 494 more nurses from 2009, nearing 2009's record increase of 498 nurses. This is a net gain of 3,026 nurses since 1999.
- Implemented the Master of Psychiatric Nursing program at Brandon University, the first one in Canada, started in January 2011.
- Strengthened patient access rights with new amendments to personal health information which will provide faster access to health records for the public.
- Purchased a replacement Lifeflight jet and additional modifications to the plane to modernize emergency transport to critically ill Manitobans.
- Redeveloped Westman Regional Laboratory – (LEED®-NC). The facility has been expanded and modernized to provide state of the art testing that meets or exceeds national standards and includes the latest technology for diagnostic testing.
- Opened the new renal health dialysis unit for Interlake residents.
- Completed the Southeast Personal Care Home – (LEED®-NC).

I want to thank the hard-working staff and people within Manitoba Health and across the health care system for their hard work in making these important achievements possible. Without their compassionate and caring dedication, it would be impossible to sustain and improve the health of people across our province. This work and the services they provide will allow us to continue to implement even more innovative improvements to our health care system in the years ahead.

Respectfully submitted,

Original signed by

Milton Sussman
Deputy Minister of Health



Manitoba

Santé

Sous-ministre de la Santé
Winnipeg (Manitoba) R3C 0V8

Madame Theresa Oswald
Ministre de la Santé

Madame la ministre,

J'ai le plaisir de vous présenter le rapport annuel du ministère de la Santé du Manitoba ainsi que le rapport annuel du régime d'assurance-maladie du Manitoba pour l'exercice 2010-2011.

Les principales réalisations du ministère au cours de l'exercice 2010-2011 comprennent ce qui suit :

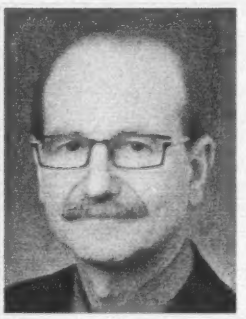
- commencement d'une révision des priorités et des buts stratégiques du gouvernement établis en septembre 2010, afin de fixer les attentes pour les obligations futures. De nouveaux processus et outils ont été lancés au début de l'année 2011 dans le but d'appuyer ce processus de planification;
- mise en œuvre du projet sur les indicateurs de rendement afin de tenir compte des besoins en technologie des offices régionaux de la santé dans le but d'appuyer la collecte, le stockage, la communication, la mesure et le contrôle des indicateurs de rendement clés, et de permettre aux offices régionaux de la santé d'effectuer un suivi des indicateurs de rendement ayant été déterminés comme des priorités communes au sein de toutes les régions et de produire un rapport à leur sujet;
- mise sur pied du Service de consultation de diététistes et développement des services visant l'autogestion des maladies chroniques pour les patients atteints d'une insuffisance cardiaque ou d'un diabète de type 2 par l'intermédiaire de TéléSOINS et de Télésanté.
- amélioration de l'analyse des menaces causées par les maladies transmissibles et des menaces environnementales pour la santé publique, notamment grâce à l'élaboration de bases de données, l'augmentation de la surveillance et de la qualité des données, de leur suivi et de leur communication;
- lancement de DossiÉ Manitoba, le système de dossiers de santé électroniques de la Province. Cela comprend la mise en place de processus, de procédures et de technologies concernant le programme de dossiers médicaux électroniques dans le but d'assurer un transfert rapide des données du Régime d'assurance-médicaments de Santé Manitoba et des données sur l'immunisation dans le programme provincial DossiÉ Manitoba hébergé par Santé Manitoba;
- mise en place du programme IMPRxOVE (Improving Medication Prescribing and Outcomes via Medical Education), première initiative de ce genre au Canada, qui a pour but d'améliorer les résultats de santé et la sécurité des Manitobaines et Manitobains recevant des médicaments pour leur santé mentale;
- lancement d'une liste des médicaments en ligne fournissant aux professionnels de la santé et au public des renseignements à jour sur les médicaments couverts par le Régime d'assurance-médicaments;
- investissement dans le soutien et la recherche pour la sclérose en plaques, avec une couverture pour un nouveau médicament, et allocation de fonds pour les essais cliniques du traitement contre l'insuffisance veineuse céphalorachidienne chronique;
- financement et soutien de la première équipe canadienne de médecins spécialistes des dons d'organes afin d'accroître le nombre de transplantations d'organe et d'améliorer l'accès aux dons d'organes qui permettent de sauver des vies;
- accroissement de la surveillance et des exigences en matière de reddition de compte dans le processus d'attribution des licences afin d'améliorer davantage la sécurité des résidents des foyers de soins personnels et la qualité des soins qui leur y sont prodigués, et une augmentation de la rigueur des normes de contrôle des foyers de soins personnels grâce à une hausse du

nombre de visites surprises des foyers de soins personnels de toute la province qui s'ajoutent aux visites d'inspection régulières;

- mise en œuvre des premières mesures devant permettre à toute la population manitobaine d'avoir un médecin de famille d'ici 2015. Cette initiative appuie les cliniques de soins mineurs rapides et les unités mobiles dont le personnel est composé d'infirmières et d'infirmiers praticiens, tout en développant accès avancé, un modèle de soins ayant donné de bons résultats dans la province;
- appui continu en vue de l'amélioration des stratégies de formation, de recrutement et de maintien en poste des médecins en soutenant les inscriptions dans les programmes de médecine et en maintenant les frais de scolarité des écoles de médecine abordables. Cela a eu pour effet d'augmenter le taux de maintien en poste des diplômés du programme de médecine de l'Université du Manitoba à 81 % en 2010, ce qui est 10 % plus élevé que les 71 % enregistrés en 2009;
- amélioration de la stratégie de formation, de recrutement et de maintien en poste des médecins au Manitoba. Cela a engendré une augmentation nette de 405 médecins en 2010;
- poursuite de la stratégie agressive de recrutement des infirmières et de leur maintien en poste; cela a engendré un gain net de 494 infirmières par rapport à 2009 (chiffre proche de l'augmentation record de 498 infirmières en 2009) et une augmentation nette de 3 026 infirmières depuis 1999;
- mise sur pied du premier programme canadien de maîtrise en soins psychiatriques qui a débuté en janvier 2011 à l'Université de Brandon;
- renforcement des droits d'accès des patients grâce à de nouvelles modifications apportées aux renseignements médicaux personnels qui assureront au public un accès plus rapide aux dossiers médicaux;
- achat d'un jet Lifelight de remplacement et apport de modifications supplémentaires à l'avion afin de moderniser le transport d'urgence des Manitobaines et Manitobains gravement malades;
- réaménagement du Westman Regional Laboratory – (LEED®-NC). Cet établissement a été agrandi et modernisé dans le but d'effectuer des examens à la fine pointe de la technologie, respectant ou dépassant les normes nationales et faisant appel aux technologies de tests diagnostiques les plus récentes;
- ouverture d'une nouvelle section de dialyse pour la santé rénale des habitants d'Entre-les-Lacs;
- fin de la construction du foyer de soins personnels du sud-est – (LEED®-NC).

Je tiens à remercier le personnel et les autres personnes œuvrant au sein du ministère et dans l'ensemble du système de soins de santé pour leurs efforts assidus qui ont permis ces réalisations. Sans leur compassion, leur bienveillance et leur dévouement, il serait impossible de maintenir et d'améliorer la santé de la population de notre province. Grâce à ce travail et aux services qu'ils fournissent, nous pourrons continuer d'apporter des améliorations encore plus innovantes à notre système de soins de santé dans les années à venir.

Le tout respectueusement soumis,



Original signe' par

Milton Sussman
Sous-ministre de la Santé

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with Manitoba Health appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2011. It provides information on Manitoba Health and the Manitoba Health Services Insurance Plan.

The report includes information at the Main and Sub-Appropriation levels related to Manitoba Health's strategic direction, actual results, financial performance and variances. A five year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

Manitoba Health is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated vision of Manitoba Health is "Healthy Manitobans through an appropriate balance of prevention and care." Manitoba Health leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the mission of Manitoba Health "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. Manitoba Health also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services. Most direct services are delivered through regional health authorities, and other health care organizations; however, the department manages the direct operations of Selkirk Mental Health Centre, Cadham Provincial Laboratory and provincial nursing stations.

Report Context

Manitoba Health administers the most complex and publicly visible social program provided by the Government. The program is delivered partially by the department and partially through grant agencies, arm's length health authorities, independent physicians, or other service providers paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly regulated but privately provided services such as proprietary personal care homes.

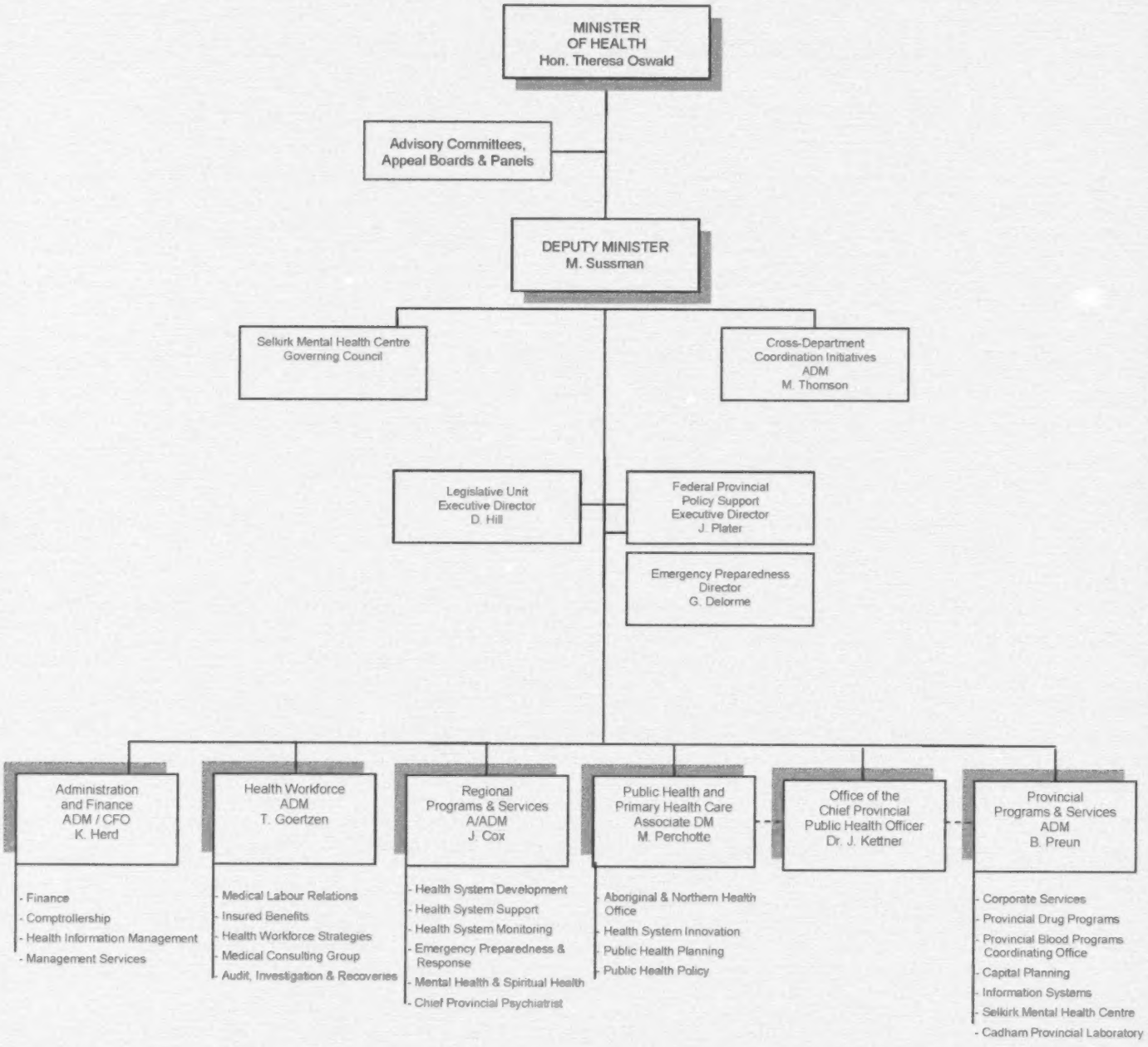
It is important to consider that many factors affect the health of Manitobans such as family history, gender, culture, education, employment, income, the environment, our coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization

This annual report is organized in accordance with Manitoba Health appropriation structure, which reflects the organization chart as of March 31, 2011.

MANITOBA HEALTH ORGANIZATION CHART

Effective March 31, 2011



Administration, Finance and Accountability

Minister's Salaries

The objectives were:

In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	36	1.00	37	(1)	
Other Expenditures					
Total Sub-Appropriation	**36**	**1.00**	**37**	**(1)**	

Executive Support

The objectives were:

- To provide executive support to the Minister of Health in achieving department objectives, through strategic leadership, management, policy development, program determination, and administration of the department and broadly defined health services delivery system.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,155	15.00	1,013	142	
Other Expenditures	129		164	(35)	
Total Sub-Appropriation	**1,284**	**15.00**	**1,177**	**107**	

Finance

Finance is responsible for managing the financial affairs of Manitoba Health including the Manitoba Health Services Insurance Plan and for coordinating administrative support services to meet departmental operating requirements.

Finance is also responsible for providing a fair and equitable distribution of available funds for regional health authorities (RHAs) and other funded agencies in accordance with government priorities, through the review, recommendation and approval of RHA health plan submissions, budget allocations and monitoring of financial, statistical and operational results.

Finance also provides financial support and analysis to the department overall, and provides consultation, analytical services and support to internal and external clients as it relates to existing, new and expanded programs.

Finance provides information management and statistical services in support of the programs of Manitoba Health, RHAs, agencies, researchers and the general public. It also provides leadership and coordination of health research related activities including support to the Health Information Privacy Committee under *The Personal Health Information Act* (PHIA).

Finance is composed of the following:

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, RHAs and External Agencies is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long term care for RHAs, through the management of the assessment and appeal process.

The expected and actual results for 2010/11 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs, health authorities and external agencies consistent with the established priorities of the department and government.
   - Based on departmental priorities, established guidelines and policies, Manitoba Health was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, RHAs and external agencies.

2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, Quarterly Financial reports and other financial reports or documents.
   - Estimates, Supplementary Information for Legislative Review, quarterly financial reports, the annual report and other financial reports or documents were prepared in accordance with legislative requirements, Treasury Board and senior management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of Manitoba Health.
   - Monthly and quarterly financial reports, the annual report and other financial reports or documents on the fiscal status of Manitoba Health were prepared in a timely manner.

4. Equitable rate structure for the Residential Charge Program.
   - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long term care clients, Manitoba Health was able to provide an equitable rate structure for the residential charges program.

Regional Financial Support and Capital Finance

The objectives were:

- To provide support, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, reporting requirements and methodologies.
- To develop and monitor processes that enable Manitoba Health to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities.
- To monitor health authorities' financial and operational results including in-year variance reports and future year Estimates projections.
- To provide support, consultation, analysis and findings to health authorities and agencies for their capital construction and equipment requirements.

The expected and actual results for 2010/11 included:

1. Consistent and reliable financial reporting to Manitoba Health from health authorities and other agencies.
   - Received financial monitoring, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health.
   - Analyzed financial reporting received from health authorities and other agencies for accuracy and consistency and verified through consultation with various internal and external stakeholders.
   - Reviewed processes continually for efficiencies and improvement opportunities.

2. Efficient, accurate and consistent financial reporting of the Health Services Insurance Fund.
   - Provided accurate and consistent financial reporting of the Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.

3. Allocation of resources to health authorities and other agencies consistent with established priorities of the department.
   - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.

4. Financial expertise and support provided to various departmental projects and initiatives, to health authorities and to other agencies.
   - Provided financial expertise and analysis to various stakeholders, both internal and external.
   - Responded to ad hoc requests on a timely basis from various stakeholders.
   - Provided financial support to various committees and working groups.

5. Economical financing of both capital construction and equipment purchases.
   - Provided approved funding to health authorities in a timely and accurate manner.
   - Initiated debt repayment on outstanding approved borrowings upon project completion.
   - Managed outstanding debt to minimize cost within a conservative risk portfolio.

Health Information Management

The objectives were:

- To ensure the timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data management, reporting, analysis, and interpretation of health information to inform and support the strategic functions of Manitoba Health and the RHAs, including public accountability.
- To co-ordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2010/11 included:

1. Manitoba Health programs, RHAs, researchers, public organizations, and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
   - Continued development and maintenance of databases to support internal and third party information requirements, including provision of data to organizations such as: the Manitoba Centre for Health Policy, the Canadian Institute for Health Information, CancerCare Manitoba and Statistics Canada.
   - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within Manitoba Health and the RHAs on a wide variety of health information matters.
   - Participated in provincial and national committees and workgroups, including providing leadership to several data quality and health indicator committees.
   - Produced many health system reports including the Annual Statistics Report, Annual Population Report, standard reports for the RHAs, weekly and monthly statistical reporting on the Manitoba Health website.
   - Responded to ad hoc data requests from stakeholders and organizations and produced special analyses and briefings for health data and research publications.
   - Provided data and statistical support to various committees.
   - Participated in the Information Repository workgroup related to one of the recommendations from the Maternal and Child Healthcare Services Task Force Report.
   - Held the first Maternal and Child Health Services Annual Round Table event which brought together clinicians, researchers and decision makers in the area of perinatal health.

2. Data infrastructure and policies are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act (PHIA)*
   - Developed policies, processes and procedures for the use of data for health research.
   - Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
   - Managed agreements to allow for exchange of data to support program evaluation activities required for the Human Papilloma Virus (HPV) Vaccine Program.
   - Continued implementation of the bilateral agreement with the Canadian Institute for Health Information.

3. A preliminary health management system is under way to allow the collection and sharing of key high priority system indicators across RHAs and Manitoba Health.
   - Received approval to proceed on the design, build and implementation of the Regional Health Authority Performance Indicator Portal project with Manitoba eHealth.

4. A responsive information management process is in place to support the data needs of pandemic planning activities within Manitoba Health and to the RHAs.
   - An expedited research approval process was integrated into existing processes to support future pandemic decision making and key staff were trained in epidemiological software tools used in population health surveillance activities.

5. A secure technical solution is in place to position Physician Integrated Network (PIN) clinic sites for Electronic Medical Records submission for Quality Based Incentive Funding payments and for receipt of Phase 1 Electronic Health Record diagnostic information.
   - Successfully completed the production phase of electronic medical records submission to Manitoba Health from PIN Phase 2 sites for use in the PIN initiative and to inform broader primary care needs.
   - Began the work to expand the repository to include electronic medical record submissions from clinics funded through the Electronic Medical Record Adoption project which is co-funded by Canada Health Infoway and Manitoba Health.

6. An integrated, coordinated approach by Manitoba Health to support health research activities.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under the *Personal Health Information Act*.

- Provided ongoing coordination and support to the contractual relationship between Manitoba Health and the Manitoba Centre for Health Policy, including development of the annual research agenda.
- Participated in review and adjudication of research proposals to provincial and national health research funding bodies.
- Undertook partnership activities related to health services policy research in accordance with the Manitoba Health Research Council.

Accountability Support

The objectives were:

- To improve the accountability of the health system by supporting the department and health authorities to establish clear, meaningful and outcome-focused expectations.
- To co-ordinate and facilitate valid and reliable reporting across the health system.
- To lead and facilitate evidence-informed decision making through analysis and feedback.

The expected and actual results for 2010/11 included:

1. Strengthened health authority governance
   - Manitoba Health and Regional Health Authorities Manitoba partnered with the Manitoba Institute of Patient Safety to bring a quality and safety workshop to the Health Authorities in early 2011.
   - A self-learning board orientation module is in the final stages of review and will be distributed to new board members in the late spring of 2011

2. Coordinated Community Health Assessment process
   - Comprehensive community health assessment (CHA) reports were received from all health authorities, reviewed and feedback provided.
   - CHA reports were distributed to Manitoba Health branches who had requested sets, to university libraries, and to the Legislative Library.
   - A CHA Workshop was held November 8, and 9, 2010, for Manitoba Health staff, other government department representatives, and representatives from health authorities to increase awareness and encourage the use of CHA data for evidence-informed planning.

3. Evidence-informed health planning
   - Regional health authorities and CancerCare Manitoba submitted annual health plans and their five year strategic plans with priorities and plans developed with the use of community health assessment findings. The department developed, in collaboration with the health authorities, the health plan guidelines and facilitated the health plan process.

4. Efficient and effective departmental Estimates process
   - Facilitated executive discussions regarding system pressures resulting in more efficient use of departmental resources.
   - Strengthened justification and evidence in the Estimates process through ongoing training and oversight.

5. Coordinated approach to departmental accountability
   - Revised strategic priorities and goals established for the department in September 2010 to set expectations for future accountability. New department processes and tools to support this planning was initiated in early 2011.

6. Strengthened ability to monitor accountability activities and structures and system performance
   - Monitored External Agency Grant Policy implementation.

7. Consistent application of accountability practices
   - Manitoba Health received the completed annual monitoring form from the health authorities which tracks progress on meeting the expectations of policy HCS 200.1 - Board Governance and Accountability and other requirements.
   - Manitoba Health, with health authority engagement, developed a companion document to "Achieving Health System Accountability 2009 – Getting There Together" which is a practical guide to the Accountability Framework. It is anticipated the final version will be available to the department and health authorities in 2011.
   - Manitoba Health provided direction, guidance, support and monitoring to the Regional Health Authorities in development of their annual reports that are required under *The Regional Health Authorities Act*. Manitoba Health received the 2009-2010 annual reports for all health authorities.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,853	85.73	5,808	45	
Other Expenditures	1,392		1,491	(99)	
Total Sub-Appropriation	**7,245**	**85.73**	**7,299**	**(54)**	

Central Services

Central Services is responsible for leadership, advice and support to the department with a focus on legislation development, and strategic policy advice on federal, inter-provincial, inter-jurisdictional and other issues.

Central Services is composed of the following:

Human Resource Management

Effective March 1, 2010, the Government of Manitoba realigned responsibility for the delivery of human resource services and the associated staff to the Civil Service Commission, with the goal to improve service delivery to all departments and employees. For additional information on this realignment, see the Civil Service Commission's 2010/11 Annual Report.

Legislative Unit

The objectives were:

- To provide leadership, advice and support on the development of legislation to Manitoba Health.

The expected and actual results for 2010/11 included:

1. Development and coordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.
   Legislative Proposals:
   - There were three health related statutes amended, enacted or proclaimed for the fiscal year 2010/2011 (details outlined in Appendix II)
     - *The Personal Health Information Amendment Act (2)* – most provisions in force May 2010 and remainder in force January 1, 2011.
     - *The Protection for Persons in Care Amendment Act* – in force September 30, 2010.
     - *The Public Health Amendment Act* (Regulating Use of Tanning Equipment) – not yet proclaimed.

Regulatory Amendments:

- Assisted in the development of required regulation amendments to 13 regulations under various health related legislation (see Appendix II for details).
- *The Freedom of Information and Protection of Privacy Act* (FIPPA): There were 206 responses to FIPPA requests for information, including 41 responses to FIPPA for Healthy Living, Youth and Seniors. These numbers are based on a calendar year.

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
   - This was met as outlined above.

3. Accurate and timely information provided to internal and external clients regarding legislation and the legislative process.
   - Accurate and timely information was provided. Among other activities in the area, staff of the Unit provided approximately 19 information presentations on *The Personal Health Information Act* and FIPPA to organizations and Manitoba Health staff over the course of the year.

4. Implementation of Labour Mobility obligations for the regulated health professions.
   - Worked with regulatory bodies with respect to meeting their labour mobility obligations.

Federal/Provincial Policy Support

The objectives were:

- To support and assist the Premier in providing briefing material on health-related items for the Council of the Federation meetings, and the Western Premiers' meetings.
- To support and assist the Minister of Health, and the Deputy Minister of Health, with all Federal/Provincial/Territorial (FPT), Provincial/Territorial (PT), Western Ministers, and Deputy Ministers of Health meetings.
- To provide leadership, advice and support to the Deputy Minister of Health and the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2010/11 included:

1. To conclude Manitoba's role in chairing the Health Ministers Conference of 2009.
   - Successful transition of the PT Co-Chair from Manitoba to Newfoundland and Labrador.

2. To provide leadership and facilitation in supporting Manitoba's role as the PT Co-Chair of the Federal Provincial Deputy Ministers of Health Committee on H1N1 Pandemic Flu.
   - Early 2010 saw the finalization of the lessons learned process and the completion of Manitoba's lead role from 2009.

3. To prepare background material and provide analysis to support the Deputy Minister of Health at the FPT Deputy Minister Strategic Retreat in April 2010.
   - The Federal/Provincial Policy Support unit ensured Manitoba Health's successful participation on the FPT and PT stage to ensure that Manitoba's policy concerns were advanced.

4. To work closely with the Premier's office to support the Premier as Manitoba chairs the Council of the Federation in 2010/2011.
   - Provided strategic advice and briefing material on behalf of Manitoba Health in support of the Premier and the agenda requested by the Council of the Federation.

Correspondence Unit

The objectives were:

- Provide coordination for responses to Ministerial correspondence, briefing material for legislative sessions, and other designated department-wide administrative supports/processes.

The expected and actual results for 2010/11 included:

1. Timely and appropriate responses for ministerial correspondence.
   - Continued to provide a coordinating function for the department to facilitate and monitor timely and consistent responses to Ministerial correspondence.

2. Ministerial responses and other documentation are consistent to standards required.
   - Monitored department correspondence processes to guide improving efficiency, effectiveness and quality of responses to Ministerial correspondence.

3. Timely and appropriate compilation and delivery of briefing material for legislative sessions.
   - Coordinated the production of the Minister's Housebook.
   - Coordinated requests and responses for daily briefing material across the department during the legislative session.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,252	20.00	1,366	(114)	
Other Expenditures	203		148	55	
External Agencies	403		488	(85)	
Total Sub-Appropriation	**1,858**	**20.00**	**2,002**	**(144)**	

Corporate and Provincial Program Support

The Corporate and Provincial Program Support Division provides leadership and support to internal and external clients of Manitoba Health with a focus on policy, planning, accountability, and support to provincial programs.

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of Manitoba Health with a focus on:
  - Information System Technology, including the Manitoba eHealth Provincial Program
  - Provincial Drug Programs, including Drug Management Policy Unit
  - Capital Planning
  - Corporate Services, including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
- To provide policy direction and operational systems to improve the efficiency of designated Manitoba Health program delivery.

The expected and actual results for 2010/11 included:

1. Strategic directions consistent with Manitoba Health priorities, with respect to information system technology, provincially funded drug benefits, the provincial health capital program, and the protection of persons in health care facilities.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
   As noted in the Canadian Institute for Health Information Report - Drug Expenditure in Canada, 1985 to 2010 report:
   - Manitoba, at 47.5%, is ranked third highest among the provinces in relation to the percentage of prescription drug expenditures financed by the public sector.
   - In Manitoba, the public prescribed drug expenditure per capita increased 2.8%, which was significantly below the national average of 3.9%. Further, only the provincial jurisdiction of Ontario at 2.6% experienced a lower rate of increase than Manitoba.
   - The proportion of health spending on drugs increased but Manitoba is below the Canadian average of 16.3% with spending of 12.9% of total health expenditure.

3. A Capital Plan that supports Manitoba Health population health objectives.
   - Provided leadership for infrastructure projects supporting investment in state-of-the-art medical equipment, new programs, improved facilities and enhanced community-based services.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	224	3.00	232	(8)	
Other Expenditures	78		53	25	
Total Sub-Appropriation	**302**	**3.00**	**285**	**17**	

Information Systems

Information Systems is responsible for providing strategic, tactical, and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health. Manitoba eHealth has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations, and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project coordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide and facilitate strategic information and communication technology (ICT) solutions to support the objectives and priorities of Manitoba Health.
- To coordinate and align department ICT projects with the priorities of Manitoba Health.
- To provide and maintain key departmental information systems.
- To facilitate ICT awareness and education for Manitoba Health staff in order to create more knowledgeable ICT consumers.
- To provide leadership and advice to Manitoba eHealth and the publicly funded health care sector on ICT strategy and initiatives.

The expected and actual results for 2010/11 included:

1. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of Manitoba Health.
    - Worked with Manitoba Health branches and programs to identify, scope and secure approval for department ICT initiatives.
    - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
    - Worked with Manitoba eHealth and Manitoba Innovation, Energy and Mines – Business Transformation and Technology to secure project implementation and delivery services as required for department initiatives.
    - Successfully collaborated with Manitoba Innovation, Energy and Mines – Business Transformation and Technology and HP/EDS to replace approximately 1,200 desktops and laptops with upgraded hardware and the new Windows 7 Operating System. This included remediation, replacement and upgrading of several application packages to ensure compliance with the new OS and Office 2007 business suite. Also, successfully replaced approximately 173 printers, scanners, fax machines and copiers with 94 Multi Function and other devices as part of the printer refresh project.

2. Electronic data interchange between Manitoba Health, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions will be effective, secure and appropriate.
    - Successfully implemented the processes, procedures and technology to enable timely data feeds from Manitoba Health systems to the Provincial eChart program hosted at Manitoba eHealth.
    - Implemented new equipment (hardware and software) and processes for secure file exchange with business partners including regional health authorities; provincial health jurisdictions; Health Canada; and the Canada Revenue Agency that offers enhanced controls, reliability, and audit capability to electronic file exchanges that are critical to Manitoba Health business processes.

3. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules provided.
    - Continued infrastructure improvements to Manitoba Health's 300 Carlton Datacenter (Air Conditioning and Uninterruptible Power Supply systems; improved infrastructure monitoring project initiated).
    - Procured current technology (Tape Library and Tivoli Storage Manager - hardware and software) which provides for increased levels of reliability and availability for all provincial programs.
    - Decommissioned several end-of-life hardware platforms which have been replaced by current technology. Investigating eco-friendly and secure method for disposal of retired systems.

- Made modifications to procedures, policies and appropriate software/hardware in accordance with the findings of the Office of the Auditor General.
- Continued to upgrade various technology platforms (hardware and software) in support of provincial programs such as the Drug Programs Information Network and Insurance Registry.
- Assisted Selkirk Mental Health Centre (SMHC) to evaluate a request for proposals for a clinical information management system at SMHC, and to negotiate an early start agreement and master services agreement with the successful vendor.
- Began planning for the implementation of the replacement network infrastructure to support receipt of Pharmacare data from retail pharmacies.
- Converted all microfiche and some paper Mainframe reports to an electronic format that is available online through a new web application.
- Assisted the Insured Benefits Branch with the assessment and documentation of the current Medical Claims business rules in preparation for the first phase of the new SAP Medical Claims Processing System.
- Developed and implemented an influenza surveillance application for the Public Health Branch.
- Developed and implemented the Continuing Care Reporting System which receives files from the Winnipeg Regional Health Authority facilities, and forwards the data to the Canadian Institute for Health Information.
- Started work on converting legacy systems which have paper-based data entry, to online or file transfer input.
- Implemented prosthetic and orthotic negotiated contract changes and retroactive payments for certified suppliers.
- Implemented a new web-based application for medical claims edit error processing to replace a paper based system.
- Assisted in the migration of two regions from the Manitoba Support Services Payroll to their own regional payroll systems.

4. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
   - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.

5. Manitoba eHealth ICT solutions and operations support the strategic objectives of Manitoba Health, the regional health authorities and the publicly funded health sector.
   - Worked with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
   - Facilitated participation and input into the planning of initiatives led by Manitoba eHealth to ensure the inclusion of Manitoba Health needs and requirements.
   - Worked with Manitoba eHealth to secure funding and project approval for major capital ICT investment in Manitoba's health sector.
   - Monitored the progress of major Manitoba eHealth initiatives through participation on project committees.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	4,165	60.90	4,326	(161)	
Other Expenditures	644		956	(312)	
Provincial Program Support Cost	4,828		5,140	(312)	
Total Sub-Appropriation	**9,637**	**60.90**	**10,422**	**(785)**	

Provincial Drug Programs

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program and drug plan benefits for Employment and Income participants and residents of personal care homes.

The Professional Services Unit is responsible for:

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee, a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Drug Benefits and Interchangeability Formulary.
- Participation in the Common Drug Review (CDR) that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Professional direction for and operation of the Exception Drug Status (EDS) Office that provides approval on an individual basis for drugs that have designated criteria established.
- Administers the Manitoba Drug Benefits and Interchangeability Formulary (Formulary).
- Analysis and monitoring of the Drug Programs Information Network data.

The Operations Unit is responsible for:

- Customer focused service to provide current information to the public either by phone, in person, fax, internet or mail.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing Pharmacare applications and adjudicating claims under Pharmacare, Ancillary Services and the Prosthetic and Orthotics program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

The objectives were:

- To manage and administer sustainable drug programs which provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

The expected and actual results for 2010/11 included:

1. Implement strategies to ensure sustainability of Provincial Drug Programs.
    - Implemented approvals for benefit coverage through the Exception Drug Status Office for new drugs added to the Manitoba Formulary with criteria for use established through the utilization management agreements with manufacturers.
    - Collaborated with Information Systems to develop and launch an online drug formulary which provides health care professionals and the public with current information on drug benefits available through Pharmacare.
    - Improved efficiencies for Ancillary Services eyeglass claims processing in collaboration with Information Services Branch with the development and implementation of a web-based system.
    - Reduced processing times for Pharmacare applications with the establishment of weekly validation of income data with the Canada Revenue Agency.
    - Accepted the transfer of the Deductible Installment Payment Program for Pharmacare to the Provincial Drug Programs. This program allows eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly installments.

2. Financial assistance to Manitobans for eligible drug benefits.
    - Provided benefit coverage for Manitobans enrolled in the income-based Pharmacare Program, the Employment and Income Assistance Program, the Personal Care Home Drug Program and the Palliative Care Drug program.
    - Processed 227,532 Pharmacare applications; 81,408 families received Pharmacare benefits.
    - Processed 79,225 requests through the Exception Drug Status Program for approval for drugs which require established criteria are met for access to benefit coverage.
    - Enrolled 1,022 families in the Deductible Installment Payment Program for Pharmacare.
    - Provided benefits for 39,814 individuals through Ancillary Services and the Prosthetic and Orthotic Program.

- The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage for drugs not eligible for Exception Drug Status.
- The Manitoba Drug Standards and Therapeutics Committee met three times in 2010/11 to review drug submissions and provide recommendations on drug interchangeability and on the therapeutic and economic value of drug benefits.

3. Access for Manitobans to cost-effective medications.
   - Manitoba Health continues to support the Common Drug Review and the Pan-Canadian Oncology Drug Review national processes for evidence-based reviews and listing recommendations of new chemical entities and oncology drugs.
   - Provincial Drug Programs administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in two bulletins which were communicated to the pharmacists and physicians of Manitoba.
   - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
   - The Manitoba Health representative chaired the national Advisory Committee on Pharmaceuticals which provides advice on pharmaceutical issues to the Canadian Agency for Drugs and Technologies in Health's Board, the Common Drug Review Program and the Health Technology Assessment Program. Committee members also facilitate effective jurisdictional sharing of pharmaceutical information.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,075	42.00	2,364	(289)	
Other Expenditures	557		524	33	
Total Sub-Appropriation	**2,632**	**42.00**	**2,888**	**(256)**	

Corporate Services

The Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act* reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provides administrative support for health care services appeals and Mental Health reviews, coordinates French Language Services (FLS) for internal and external clients, and manages communication through the Manitoba Health internal and external websites.

The objectives were:

1. To manage inquiries and investigations into alleged abuse of patients in designated health care facilities reported to the Protection for Persons in Care Office in accordance with the legislative requirements of *The Protection for Persons in Care Act*.
2. To provide a consultative, advisory and administrative link among regional health authorities, Regional Health Authorities of Manitoba, external agencies funded by Manitoba Health, and the public, in matters relating to French Language Services.
3. To develop, deliver and maintain all information, online services and applications related to Manitoba Health's public-facing websites.
4. To coordinate implementation of the Manitoba Policy on Access to Government.
5. To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program and the Home Care Program.

6. To support the provision of a review process through the Mental Health Review Board for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

The expected and actual results for 2010/11 included:

1. Efficient inquiry and investigation by the PPCO of alleged patient abuse.
   - Accepted recommendations made by the Manitoba Ombudsman Report which will improve the effective operation and its ability to fulfill its statutory mandate. Specifically, the working definition of abuse has been revised to include both the acts of abuse and the outcomes of those acts, and to lower the threshold for serious harm, in accordance with case law. In addition, the definition of "reasonably likely" to cause harm has been revised to consider whether acts of mistreatment are reasonably likely to cause serious harm, rather than whether, if repeated, those acts would cause serious harm. This revised working definition has been fully integrated within the intake and enquiry process in determining whether a more extensive investigation should be carried out.
   - Revised the PPCO policy on referral to professional bodies so that the basis for referral will be whether there are reasonable grounds to believe that a patient has been abused, not whether an investigation has determined that abuse has occurred. Revised the process of referral to law enforcement to include the basis for an immediate referral as reasonable grounds to believe a criminal act has been committed, to require termination or suspension of a PPCO investigation at the request of police, and to include the factors to be considered when making a referral contrary to the wishes of a patient.

2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse.
   - Revised educational presentations with a focus on identifying abuse, reporting patient abuse and clarifying the role of the PPCO when reports are made. Abuse of the elderly is expected to rise in parallel with the aging population, bringing the national crisis of elder abuse into the spotlight. New challenges will continue to surface and awareness in dealing with different forms of abuse is important in determining the care being provided to elders.

3. The Active Offer policy (of French language services) implemented in public facing areas of Manitoba Health, with all designated staff oriented to the policy.
   - Orientation of public facing areas of Manitoba Health began in 2010/11.

4. Provision of FLS through Manitoba Health in an accessible and satisfactory manner to the French-speaking public of Manitoba.
   - No FLS-related complaints were received in 2010/11.
   - All new material posted on the Manitoba Health website is available in both official languages.
   - All public access phone lines have a bilingual voice-mail menu, as well as available bilingual attendants.
   - All signs in public areas are in both official languages.
   - All public information campaigns are released in both official languages.

5. Manitoba Health public documents in paper or electronic format produced in French within five to ten business days.
   - 97% of public documents were processed and translated within the 10-day turnaround time frame.

6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
   - A tracking database was developed to assist with routinely scheduled updates of web content.
   - Website developed to provide information about patient safety and critical incidents.
   - Websites and online application forms developed to support the Mental Health and Safety and Injury Prevention campaigns for the Healthy Schools Initiative.
   - Website developed for the Review & Rate VII teen smoking prevention campaign.

7. Compliance with the Manitoba Policy on Access to Government.
   - Disability Access Working Group established to provide direction and support to departmental compliance with Manitoba Policy on Access to Government.

- Procedures developed to assist departmental response when providing information, organizing events and offering services to Manitobans with disabilities.

8. The Mental Health Review Board and the Manitoba Health Appeal Board hold hearings and render decisions in a timely manner.

Manitoba Health Appeal Board
The Manitoba Health Appeal Board held fair and independent hearings and made impartial decisions in a timely manner. The Manitoba Health Appeal Board processed 170 Notices of Appeal. The Manitoba Health Appeal Board held 102 hearings for the following types of appeals:

- 60 Authorized Charges
- 32 Insured Benefits
- 5 Home Care
- 1 Personal Care Home Placement Decisions
- 3 Emergency Medical Response and Transportation
- 1 Hepatitis C

Mental Health Review Board

- The Mental Health Review Board processed 222 applications for review hearings.
- Timely, fair, and impartial adjudication was provided for 44 review hearings. Rationale for decisions is mandatory and was provided to all parties for each hearing.
- The Mental Health Review Board adjudicated and rendered independent decisions on reviews as specified in *The Mental Health Act,* according to the 21 day Regulation.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,350	19.00	1,250	100	
Other Expenditures	632		742	(110)	
External Agencies	253		253	-	
Total Sub-Appropriation	**2,235**	**19.00**	**2,245**	**(10)**	

Capital Planning

Capital Planning provides for the planning and management of the construction and capital financing of hospitals, personal care homes and other health facilities.

The objectives are:

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2010/2011 included:

1. A Capital Plan that supports the department's population health objectives.
   - Oversaw infrastructure projects that supported investment in state-of-the-art medical equipment and the development of new programs, as well as improved facilities and enhanced community-based services.
   - Construction of new acute and primary health care facilities.
   - New infrastructure to support programs such as cancer care and renal health services.
   - Ongoing review and analysis of the capital sections of the regional health plans.

2. Health capital projects that are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
   - Continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs.
   - Continued incorporation of Manitoba Health Power Smart Standards, to the greatest extent possible, for new construction and renovation projects.
   - Implementing the Green Building Policy for Government of Manitoba funded projects requiring all new capital projects to be built to a minimum LEED® (Leadership in Energy and Environmental Design) Silver rating or as close to a LEED® certified standard wherever practical.
   - The following projects have been completed, are registered with the Canadian Green Building Council (CaGBC), and are targeting a level of LEED® Silver – but have not as yet been certified:
     - Seven Oaks General Hospital – Emergency Room Development – when certified by CaGBC, this project will represent the first government-funded health facility to achieve LEED® for Commercial Interiors (LEED®-CI)
     - Neepawa Personal Care Home - when certified by CaGBC, this project will represent the first government-funded health facility to achieve LEED® for New Construction (LEED®-NC)
     - Thompson Residential Care and Outreach Facility – (LEED®-NC)
     - Southeast Personal Care Home – construction was completed in April 2011 – (LEED®-NC)
     - St. Boniface General Hospital – Cardiac Centre - (LEED®-CI)
     - Brandon – Westman Regional Laboratory Redevelopment – (LEED®-CI)
   - The following projects are in construction or are expected to proceed to construction shortly and are registered with CaGBC:
     - Victoria General Hospital – Emergency Department and Oncology Redevelopment (LEED®-CI)
     - Selkirk District General Hospital - (LEED®-NC)
     - Pine Falls Primary Care and Traditional Healing Centre - (LEED®-NC)
     - Health Sciences Centre – Mental Health Crisis Response Centre - (LEED®-NC)
     - Health Sciences Centre – New Women's Hospital - (LEED®-NC)
     - Ste. Anne Hospital – Surgical Suite and Post-Anaesthetic Care Unit - (LEED®-CI)
     - Bethesda Hospital – Emergency Department Expansion & Redevelopment - (LEED®-CI)

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
   - Ongoing function of the Branch in relation to all projects.

4. Timely and accurate information on the Capital Program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
   - Supported ongoing collaborative planning with regional health authorities to prioritize current and future safety and maintenance requirements.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
   - Collaborated with the RHAs to identify new and emerging health care needs requiring new capital infrastructure to deliver services.
   - Continued to deliver a stable and appropriate number of safety, maintenance and repair projects.
   - Developed new facilities in support of new service delivery models and innovative services such as new community-based clinical diagnostics, treatment services, and primary care initiatives.

Capital Projects completed during the 2010/2011 fiscal year:

Acute Care:

- Assiniboine RHA – Russell Renal Health Centre – Construction of a new 6-station dialysis unit adjacent to the Russell Health Centre.
- Interlake RHA – Gimli Community Health Centre – A second floor addition to the Health Centre to accommodate a new 4-station renal health dialysis unit.
- Winnipeg RHA – Health Sciences Centre Dialysis Expansion – Expansion of HSC's Dialysis Program by 10 stations.
- Winnipeg RHA – St. Boniface General Hospital – Cardiac Sciences Program – The newly renovated 41,000 square foot space is equipped with an expanded 32-bed cardiac inpatient unit, a 15-bed Intensive Care Cardiac Surgery unit, more private rooms for patients, increased private family spaces, and an outpatient clinic for pre-surgery visits and post-surgery follow-up.

Primary Care:

- Brandon RHA - Westman Laboratory - Redevelopment (Brandon RHA/Diagnostic Services of Manitoba) - The redevelopment project included the addition of 10,000 square feet and renovation of 9,000 square feet.
- Interlake RHA – Eriksdale Wellness Centre - This project will make cancer care and health services more accessible to patients in the Eriksdale area.
- Winnipeg RHA – Downtown East, Health and Community Social Services Centre (640 Main St.) - Integrating health and social services in a location of high need contributes to better health and social outcomes through proactive, preventative and holistic service delivery. Other notable outcomes from this approach include: reducing hospital admissions and emergency room use, reducing prolonged hospital stays, and improving access to family physicians.
- Winnipeg RHA – Downtown West – Health and Community Social Services Centre (755 Portage Ave.) - This project is similar in scope and has the same objectives as the Downtown East capital project.

Capital Projects under construction or continued construction during the 2010/2011 fiscal year:

Acute Care:

- Winnipeg RHA – Victoria General Hospital (VGH) – Emergency and Outpatient Redevelopment – Phase 2 - This phase of the project (which could not commence until Phase 1 was completed), will renovate some 11,625 square feet of the former Emergency Department.
- Brandon RHA – Western Manitoba Cancer Centre – This regional centre for cancer care will provide radiation therapy, chemotherapy, outpatient care and supporting cancer treatment services, and will house a new linear accelerator.
- North Eastman RHA - Berens River Renal Health Centre – This project involves the construction of a new four station, 5,727 square foot renal health dialysis unit in the community of Berens River.
- Interlake RHA - Hodgson Area Renal Health Centre - This project involves the construction of a six station renal health unit attached to the Percy E. Moore Hospital in Hodgson.
- Winnipeg RHA – Community Mental Health Crisis Centre – This new centre will provide a central point of access for people experiencing a mental health crisis, 7 days a week/24 hours a day including walk-in care.
- Winnipeg RHA – St. Boniface General Hospital – This project involves the renovation of the maternity ward and gynecological services that will give new mothers, their babies and their families more privacy and access to modern obstetrical and gynecological facilities.

Primary Care:

- Winnipeg RHA – South Winnipeg Birth Centre – This free-standing birth centre will complement hospital-based birthing services at St. Boniface and Women's Hospital, and provide an important environment to support natural childbirth outside of a hospital or the home.
- Winnipeg RHA – Bluebird Lodge – This project involves the construction of a satellite health care centre of the Nor'west Co-op Community Health Centre, and will provide a primary care team that will include a doctor and nurse practitioners, offering diagnosis, treatment, follow-up, referral, consultation and education.

Long-Term Care:

- Winnipeg RHA – Southeast Personal Care Home - This new 80-bed personal care home is located in the southeast quadrant of Winnipeg (corner of Waverley Street and Lee Boulevard on the campus of the South East College). The Southeast Regional Development Council Corporation (SERDC) undertook this project to address longstanding concerns about having appropriate care for Aboriginal elders (Métis, Inuit, Dene, First Nations, and non-status individuals).

Safety and Security:

- In addition to the major projects completed and initiated, approximately 185 safety and security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	614	11.00	874	(260)	
Other Expenditures	165		207	(42)	
Total Sub-Appropriation	**779**	**11.00**	**1,081**	**(302)**	

Drug Management Policy Unit

The Drug Management Policy Unit was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost-efficient and effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2010/11 included:

1. Management of pharmaceutical expenditures to ensure sustainable and equitable publicly funded drug benefits.
   - As noted in the Canadian Institute for Health Information report – Drug Expenditure in Canada 1985 to 2010 report:
     - Manitoba, at 47%, is ranked third highest among the provinces in relation to the percentage of prescription drug expenditures financed by the public sector.
     - In Manitoba, the public prescribed drug expenditure per capita increased 2.8%, which was significantly below the national average of 3.9%. Only the provincial jurisdiction of Ontario at 2.6% experienced a lower rate increase than Manitoba.
   - Actual Pharmacare product costs for 2010/11 were 2.4% higher than 2009/10 actuals and only 1.1% higher than the 2010/11 budgeted amount.

2. Development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
   - Refined the Utilization Management Agreement process, which is required in Manitoba for listing brand and generic drug benefits, managing promotion and appropriate prescribing, measuring health outcomes, and facilitating the utilization of the most cost-effective products.
   - In 2010/11, an additional 40 utilization management agreements were completed with product suppliers. This brings the total number of utilization management agreements completed to date to 175.

- Finalized IMPRxOVE (Improving Medication Prescribing and Outcomes via Medical Education) Program, a first in Canada initiative that is expected to improve the safety and health outcomes for Manitobans receiving mental health medications.
- Co-led the establishment of the Pan-Canadian Oncology Drug Review, a national review process for cancer drugs, and co-led the establishment of the Western Collaboration on Pharmaceutical Pricing and Purchasing Strategies which will permit British Columbia, Alberta, Saskatchewan, Manitoba and Yukon to work together to influence drug utilization and prices, maximize price discounts and achieve consistent pricing across Western jurisdictions.
- Chaired the National Prescription Drug Utilization System Advisory Group

3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients and industry to advance positive health outcomes.
   - In partnership with Manitoba Innovation, Energy and Mines continued the activities of the Pharmaceutical Liaison Committee to facilitate ongoing dialogue between government and industry stakeholders.
   - Enhanced industry and stakeholder relations through consultation and technical briefings, including manufacturers, wholesalers, consultants and pharmacy providers.
   - Ongoing dialogue with professional associations including the Manitoba Pharmaceutical Association and the Manitoba Society of Pharmacists.
   - Initiated dialogue with private third party insurers to develop a liaison committee to provide a forum to discuss related issues.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	732	8.00	646	86	
Other Expenditures	1,128		178	950	
External Agencies	95		95	-	
Total Sub-Appropriation	**1,955**	**8.00**	**919**	**1,036**	

Manitoba Centre for Health Policy

Manitoba Health provides funding to the Manitoba Centre for Health Policy for population health studies.

The objectives were:

- To support policy evaluation and research on priority health issues for Manitoba Health.
- To support knowledge translation of research findings to decision makers.

The expected and actual results for 2010/11 included:

1. Five major deliverables for Manitoba Health that provide an analysis and assessment of priority health issues in Manitoba.
   - Cadham Laboratory Data
   - Defining the Capabilities of the Newly Implemented Emergency Use Data Systems in Winnipeg
   - The Cost of Publicly Supported Housing for Seniors - Implications for Future Funding Approaches
   - Understanding the health system use of ambulatory care patients referred for specialist consultation
   - How Are Manitoba's Children Doing?

The reports arising from these deliverables are expected to be completed after fiscal year 2010/11.

2. Two to three workshop days annually, focused on the research findings and policy relevance to the health care system.
   - Rural & Northern Health care Workshop
   - Winnipeg Regional Health Authority Workshop
   - Manitoba Health Workshop

2(g) Manitoba Centre for Health Policy

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	2,200		2,200	-	
Total Sub-Appropriation	**2,200**		**2,200**	**-**	

Health Workforce

Insured Benefits

Insured Benefits administers and ensures compliance with the Acts and Regulations for the Medical Program, Inter-Provincial Reciprocal Agreements, the Hospital Abstract Program, Out-of-Province Benefits, Audit and Investigations, the Third Party Liability Program and the Transportation Subsidy Program.

The objectives were:

- To provide policy direction and leadership to the Health Workforce Division in the development and delivery of insured health services, health labour relations negotiations and funding arrangements, and workforce policy and planning.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs within legislative parameters that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital and Medical Programs and the Transportation Subsidy Program.

The expected and actual results for 2010/11 included:

1. A sustainable health care system in Manitoba in accordance with legislative requirements.

Registration and Client Services

- Visits to the Client Services counter decreased from 54,114 in 2009/2010 to 50,279 in 2010/11. Client Services handled 165,003 telephone enquiries.
- Issued 208,590 Manitoba Health Registration Cards and processed 85,072 address changes.
- Customers who mailed in applications waited approximately 7 business days to receive Manitoba Health Registration Certificates.
- Issued 16,604 new Registration Numbers in Manitoba with 16,858 new certificates issued to 18-yr-olds receiving their own individual registration numbers, in addition to 54,325 status changes (e.g. newborns, marriages, separations and deaths).

Medical Claims

- Received and processed 20,976,458 physician services, 364,791 optometric services, 949,313 chiropractic services and 5,476 oral surgery services and 47,438 registered nurse extended practice services.
- Processed 261,234 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-provincial Reciprocal Agreement.

Out of Province Claims

- Adjudicated 1,143 requests from Manitoba specialists from coverage of services outside of Manitoba.
- Provided $1.4 million in travel subsidies to 535 patients for 790 international and domestic trips.
- Adjudicated 8,786 physician claims, 2,894 outpatient visits and 2,272 inpatient days for emergency care outside of Canada.
- Paid $9.9 million to other provinces and territories in accordance with the Inter-provincial Reciprocal Billing Agreement for physician fees (excluding Quebec physicians) and $40.6 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by Manitoba Health as a result of reciprocal billings to other provinces and territories for care provided to their residents totaled $15.0 million for physicians fees (excluding Quebec physicians) and $57.0 million for hospital services.
- Represented Manitoba Health in 27 hearings of the Manitoba Health Appeal Board.

2. Customer focused service, through programs that provide access to insured medical and hospital benefits.
   - Customers who mailed in applications received Manitoba Health Registration Certificates in approximately 7 business days.
   - Registration and Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement Manitoba Health Registration Certificates.

3. Manitobans who are informed of, and receive, health benefits to which they are entitled.
   - The Family Doctor Connection Program handled 22,916 enquiries.
   - Registration and Client Services achieved a time frame of 10 minutes in assisting clients attending the office in person.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,449	111.29	5,757	(308)	
Other Expenditures	2,296		2,057	239	
Total Sub-Appropriation	**7,745**	**111.29**	**7,814**	**(69)**	

Medical Labour Relations

Medical Labour Relations represents Manitoba Health in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors, optometrists, pharmacists, etc., respecting remunerating these professionals in accordance with provincial regulations, policies and agreements. The Branch also provides assistance with respect to negotiation and administration of nursing and other allied health care provider agreements.

The activities undertaken within the Branch include the planning, development and implementation of strategic policies for physician resources, as well as recruitment support and medical and medical-related profession regulation.

The objectives were:

- To represent Manitoba Health in negotiations/arbitration concerning fee-for-service and alternate funded remuneration for medical and medical related health practitioners.
- To develop appropriate alternate funding arrangements with medical and medical-related professionals and organizations within the health authority structure.
- To administer both fee-for-service and alternate funded agreements/arrangements.
- To provide support for departmental primary care renewal, chronic disease management and other new initiatives and objectives through medical and medical-related remuneration arrangements.

The expected and actual results for 2010/11 included:

1. Continuing administration and interpretation of the 2008 Manitoba Health/Doctors Manitoba Master Agreement in support of regional health authority service delivery.
   - Medical Labour Relations concluded the 2008 Master Agreement with the establishment of two agreements that support the provision of medical services by community-based family physicians to the patients while in hospital.
   - The agreements address continuity of care for patients with a family physician that has maintained admitting privileges and patients that either do not have a family physician of record or whose family physician does not have admitting privileges.

2. Preparation for negotiations and renewal of the Master Agreement.
   - Regional Health Authority consultations occurred in early fiscal 2010/11. Formal positions were tabled with Doctors Manitoba in the fall of 2010 and negotiations have been ongoing through 2010/11.

3. Renewal of agreements with other medical related health practitioner groups, as they expire.
   - Agreements with the Maples Surgical Centre and the Western Surgical Centre were amended (Maples) and renewed (Western) in fiscal 2010/11. Nursing and community support (home care workers) collective agreements were renewed.

4. Continued development and refinement of medical remuneration options for primary care renewal and chronic disease management.
   - Medical Labour Relations developed the compensation model for phase 2+ of the Physician Integrated Network Initiative to include 9 additional primary care clinics (13 in total) and refined the model for greater emphasis on chronic disease management of co-morbid patients.

5. Uninterrupted delivery of medical services related to compensation issues.
   - There have been no compensated related medical service interruptions for fiscal 2010/11.

3(b) Medical Labour Relations

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	946	12.00	930	16	
Other Expenditures	228		386	(158)	
External Agencies	645		1,145	(500)	
Total Sub-Appropriation	**1,819**	**12.00**	**2,461**	**(642)**	

Workforce Policy and Planning

The objectives were:

- To identify strategies and provide policy direction that support the recruitment and retention of health care professionals (physicians, nurses and allied health professionals) to deliver health care services in Manitoba.
- To review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.

The expected and actual results for 2010/11 included:

1. Collaboration with system stakeholders to identify strategies and facilitate the implementation of initiatives that support the recruitment and retention of nurses, physicians and allied health professionals.

   PHYSICIANS
   - Continue to promote regular, frequent and inclusive communication between the Physician Recruitment Coordination Office (PRCO), regional health authorities, the Office of Rural and Northern Health, the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba, medical students and various community stakeholders. The PRCO continues to regularly review current approaches to recruitment and retention, identification of gaps and facilitation of solutions to these gaps.
   - The PRCO is also in a direct coordination role of regional recruitment efforts, which has led to improved coordination and transparency of the efforts towards recruitment and retention of physicians.

NURSES

- The Manitoba Nursing Advisory Council has continued to provide a forum for key nursing stakeholder organizations to discuss nursing issues, support communication among nursing groups and government, provide advice to the Minister of Health and support the implementation of the Province's nursing strategy.
- The Joint Nursing Council established during the 2002 negotiations between employers and the Manitoba Nurses' Union (MNU) has provided a forum between the Minister of Health, the MNU, and rural and urban employers to consult on an ongoing basis any suggestions or requests made by members of the Council concerning: working conditions; recruitment and retention of nurses; and other issues that improve patient care and contribute to the efficient management of the health care system.
- Health Workforce Strategies (HWS) branch consulted and communicated on a regular and frequent basis with the Regional Health Authorities' Health Programs and Services Executive Network (HPSEN) and the Provincial Human Resource Council (PHRC) to develop a work plan to address their nursing resource priorities and challenges.
- HWS, in collaboration with Labour and Immigration Manitoba and other stakeholders, has continued the development process of an integration service for Internationally Educated Health Professionals. Internationally Educated Nurses will be major recipients of this service due to their high numbers relative to other Internationally Educated Health Professionals.

ALLIED HEALTH

- HWS continues to consult with key stakeholders including regional health authorities, regulatory bodies, Red River College, the University of Manitoba and Diagnostic Services of Manitoba in response to identified shortages. HWS facilitates discussions around various strategies to alleviate these shortages through recruitment and retention initiatives to address the supply of allied health care professionals in the province.

2. Appropriate number of education seats for health professionals.

ALL HEALTH PROFESSIONALS

- The Health Education Liaison Group, composed of representatives from Manitoba Health, Manitoba Advanced Education and Literacy's Council on Post-Secondary Education (COPSE), and Manitoba Entrepreneurship, Training and Trade meets regularly with the key objectives to: monitor human resources trends and student enrollments in the health care sector; consult on new or expanded educational initiatives and recruitment and retention initiatives; and, examine legislative, entry-to-practice and other issues related to the educational preparation of health professionals.

PHYSICIANS

- Manitoba Health continues to work with the University of Manitoba, Faculty of Medicine, to ensure that an appropriate number of post-graduate seats are in place in keeping with increases in undergraduate medicine.
- The PRCO continues to work with stakeholders, including the University of Manitoba, Faculty of Medicine, to identify gaps and implement improvements leading to increased accessibility to training programs, the most recent example being the Physician Assistant Training Program. The PRCO has more recently concluded stakeholder discussions around improvements to the Non-Registered Specialist Assessment Program to be implemented throughout 2011.
- The Northern/ Remote Physician Placement Initiative, established in 2008, will directly address the retention of graduates in northern/remote settings. Students are expected to return two years of service in exchange for a placement in a specialty program at the University of Manitoba, Faculty of Medicine. There will be graduates of the program exiting throughout 2011 who will directly serve northern communities.

NURSES

- Total enrollments in nursing education programs have more than doubled since 1999 due to seat expansions at the University of Manitoba, Brandon University, Red River College, Assiniboine Community College, Collège Universitaire de Saint-Boniface, and University College of the North.
- As part of the Council on Post-Secondary Education (COPSE) initiative that commenced in 2009/10, nursing education seats increased from 1,305 in 2009/10 to 1,360 in 2010/11. In

addition, a practical nursing education program was delivered by Assiniboine Community College in four First Nations and two Metis communities from September 2009 to March 31, 2011. Funding partners in the training initiative included the Government of Canada, the Government of Manitoba, COPSE and Assiniboine Community College (with in-kind contributions).

- A Master of Psychiatric Nursing program at Brandon University, the first one in Canada, started in January 2011.

ALLIED HEALTH

- In January 2010 Manitoba Health entered into an interprovincial agreement with British Columbia Institute of Technology to fund two students for the next three intakes starting in the fall of 2010. The first two students began the program in September 2010 and have completed their first year with one student signing a return-of-service agreement to work in Manitoba.
- An updated agreement (effective July 1, 2007 to June 30, 2010) has been finalized for three students annually in the Nuclear Medicine Technologist training program at the Southern Alberta Institute of Technology. Funding consists of $21,464.00 per student per year and students sign return-of-service agreements in order to ensure employment in Manitoba following completion of the training program. Three new students began the program in fall 2010. Since the 2004/05 intake only one graduate has left the province; all others have returned to work in Manitoba.
- The department changed the previous post-employment training model for the Medical Radiologic Technology and Medical Laboratory Technology program to a pre-employment model, from 2007/08 up to and including 2010/11. Manitoba Health provided funding for the fall 2010 intake for nine students at a cost of more than $150,000.

3. Improved retention of Manitoba graduates through the Nurse Recruitment and Retention Fund (NRRF) and the Physician Recruitment and Retention Strategy.

PHYSICIANS

- 81% of the 2010 graduating medical class from the University of Manitoba, Faculty of Medicine will be staying in Manitoba, which is 10% higher than 2009, where the retention rate was just over 71%.
- 90.3% of the International Medical Graduates that graduated from the Medical Licensure Program for International Medical Graduates program between 2002 and 2009 remain in rural Manitoba. The International Medical Graduate Assessment for Conditional Licensure, a relatively new program, has retained 91.7% of the graduates from 2007 to 2010.

NURSES

- The Conditional Grant Program implemented in 2004 continues to encourage new nursing graduates to consider employment opportunities in rural and northern Manitoba (outside Winnipeg and Brandon). In 2010/11, 82 Conditional Grant applications were approved for a total 579 approved grants between July 2004 and March 31, 2011.
- The Personal Care Home Grant (PCH) was established in January 2008 and is another NRRF initiative that encourages the recruitment of nurses to long term care. In 2010/11, there were 61 approved PCH grants bringing the total of approved grants to 223 between January 1, 2008 and March 31, 2011.
- As of the 2010/11 fiscal year, the NRRF has allocated more than $12.1 million since 1999 to the regional health authorities to support continuing education for nurses such as specialty certifications, conferences, workshops, and university courses.
- Since 1999, Refresher Program Funding has been allocated to individuals striving to re-enter the nursing workforce, contingent upon the completion of an approved refresher program. Financial assistance for up to 80% of course costs (up to a maximum of $2,000) per individual is available to complete approved nursing refresher programs. As of March 31, 2011, over $760,000 has been directed to support nurses re-entering the nursing profession.

4. Evaluate and monitor recruitment, retention and education strategies from data provided by the regulatory bodies, the regional health authorities and Manitoba Advanced Education and Literacy.

PHYSICIANS

- The College of Physicians and Surgeons Annual Report notes an increase in the number of physicians in Manitoba (2,382 in 2009 increased to 2,442 in 2010) demonstrating an improvement in the recruitment of physicians.
- The Physician Resettlement Fund, which was established in 2009, provides conditional grants of up to $20,000 for physicians to move to areas of Manitoba where they are needed most. Of the 52 grants that have been awarded to date, 34 went to physicians that moved to Manitoba from other jurisdictions, including the United States.

NURSES

- HWS tracks vacancies, enrollments, and education seats and monitors data through information provided by the nursing regulatory colleges, regional health authorities, and COPSE. The Manitoba Nursing Labour Market Supply report is produced and released annually in the spring.
- As of December 2010, there were 17,118 active practising nurses in Manitoba, according to the registration data received from the College of Registered Nurses of Manitoba, the College of Registered Psychiatric Nurses of Manitoba and the College of Licensed Practical Nurses of Manitoba. Through continued aggressive recruitment and retention of nurses in 2010, this led to a net gain of 494 more nurses from 2009, nearing 2009's record increase of 498 nurses. This is a net gain of 3,026 nurses since 1999.
- The NRRF administers recruitment and retention strategies for nurses such as relocation assistance, attendance at local and national career fairs, and advertising in nursing magazines. The NRRF provided relocation assistance to 110 nurses relocating to Manitoba in 2010/11 for a total of 1,429 since 1999. The NRRF attended a total of 12 career fairs in Manitoba and other jurisdictions in 2010/11.

ALLIED HEALTH

- Manitoba Health tracks the vacancy rates of different allied health professions submitted by various stakeholders, including Diagnostic Services of Manitoba and the regions.

5. Assessment and recommendations provided on collective agreements and contract negotiations.
   - Through support in the development of strategies for monetary and non-monetary proposals for mandate approval by Central Government which support negotiations of collective agreements, recruitment and retention is expected to improve. Negotiations for the Community Support Sector Collective Agreement (home care – approximately 5,300 employees) and the Manitoba Nurses Union Collective Agreement (approximately 12,000 nurses) are ongoing. Manitoba Health is committed to ensuring that wage rates in the next agreements remain competitive.

3(c) Workforce Policy and Planning

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	855	13.00	907 *	(52)	
Other Expenditures	132		125 *	7	
Total Sub-Appropriation	**987**	**13.00**	**1,032**	**(45)**	

* includes enabling appropriation for Wait Time Initiatives

Public Health and Primary Health Care

Public Health and Primary Health Care focused on a number of key planning and policy areas throughout the year, including primary care, Aboriginal health, and chronic disease. In November 2009, healthy living and addictions became the purview of the new department of Healthy Living, Youth and Seniors (HLYS). In February 2010, additional changes were made to the Division's portfolio, including the addition of wait times reduction and public health, and the reassignment of mental health, spiritual health care, Selkirk Mental Health Centre and the Office of the Chief Provincial Psychiatrist. The Division continues to provide direct service through the Northern (Provincial) Nursing Stations.

This Division also supports the Cross-Department Coordination Initiatives (CDCI), a partnership with the Manitoba Health, Manitoba Housing and Community Development, Manitoba Family Services and Consumer Affairs, and HLYS. Using a horizontal management approach and working in partnership with the regional health authorities (RHAs) and the community, CDCI identifies and reviews policy issues, coordination approaches, and service delivery, and proposes enhancements, improvements, or alternatives to housing policy and support services for specific, vulnerable populations.

Administration

The objectives were:

- Enhance health care capacity, access and sustainability.
- Improve the health status and health outcomes of Aboriginal and other at-risk populations, as defined by socioeconomics, ethnicity, geography and gender.
- Enhance mental health care and co-occurring disorders services across the province.
- Reorient the health care system to address the continuum of chronic disease prevention and management.
- Improve access to an integrated, comprehensive primary care system.
- Lead the development and implementation of coordinated policy and program initiatives that provide affordable, community-based housing with appropriate health and social supports for seniors, individuals with mental health issues, and individuals who are homeless or at risk of homelessness.

The expected and actual results for 2010/11 included:

Increased collaboration among partners and stakeholders to improve strategies, initiatives, services and programs for Manitobans that address:

1. Access and quality of services for under-served communities and at-risk populations
   - Supported the development and implementation of Maternal and Child Healthcare Services and Youth Suicide Prevention Strategy initiatives.

2. Aboriginal Health
   - Supported relationship building, research, policy and program development, and health promotion through partnerships with provincial departments, RHAs, and federal, First Nations, and Métis governments to address the health needs of the Aboriginal population, such as the Intergovernmental Committee on Manitoba First Nations Health and the Manitoba First Nations Public Health Improvement Pilot Project.

3. Jordan's Principle
   - Collaborated with Manitoba Family Services and Consumer Affairs, Indian and Northern Affairs Canada, and Health Canada to use a child-first principle in handling service delivery needs of First Nations children with complex medical needs and/or multiple disabilities.

4. Care provision at Northern Provincial Nursing Stations
   - Supported continued enhancements to capital, health human resources planning, and improved service delivery at the three provincial nursing stations.

5. Mental Health Care
   - Provided leadership and strategic direction on evidence-based policies and strategies for mental health and well-being such as the development and validation of work on a five-year provincial

mental health strategic plan, and collaborated with partners and stakeholders on the completion of the second full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth.

6. Spiritual Health Care
   - Provided leadership and strategic direction on policies and strategies for spiritual health care such as the consultation and development work on a provincial Spiritual Health Care Strategy and collaborated with partners and stakeholders to develop guidelines for Core Competencies for Spiritual Health Care Providers for use by regional health authorities.

7. Chronic Disease continuum
   - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management, such as the five-year plan for Manitoba Stroke Strategy, and the transition of the Chronic Disease Prevention Initiative pilot project to Healthy Together Now (led by Healthy Living, Youth and Seniors).

8. Primary Care, including Northern Primary Care
   - Provided leadership and support for the participation and collaboration of partners and stakeholders in planning to improve access to and quality of primary health care for Manitobans, particularly northern and remote populations, including initiatives such as CareLink and the integration of multidisciplinary primary care provider teams.

9. Pandemic Planning
   - Promoted and supported effective and efficient communication and planning with First Nations, Métis, provincial and federal government partners for future pandemic events and other public health emergencies.

10. Homelessness and Mental Health Housing
    - With emphasis on at risk, high users of emergency services as the priority population, a series of initiatives of the Homeless and Mental Health Housing strategy continue to be implemented. The strategy involves the development of a range of housing and tenant support services, utilizes a Housing First model and accesses resources within health, social service and housing sectors.
    - The initiatives implemented include the Community Wellness Initiative to support at risk tenants with mental health issues, and resources to initiate the development of support teams for tenants with mental health issues in permanent housing. Program development of the homeless initiative is being augmented with data collection for monitoring and evaluation.

11. Aging in Place for Seniors
    - The Aging in Place Strategy continues to support the development of housing projects with appropriate supports for seniors with 78 units of support services in group living and 104 units of supportive housing were implemented in rural Manitoba.
    - The nature of the Aging in Place projects has required partnerships between housing providers and health care and support services of the Regional Health Authorities.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	672	9.46	779	(107)	
Other Expenditures	339		222	117	
Program Delivery	658		2,285	(1,627)	1
Total Sub-Appropriation	**1,669**	**9.46**	**3,286**	**(1,617)**	

Explanation Number:

1. Primarily due to volume decreases.

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required statutory and non-statutory functions, in order to protect the health and well-being, and to promote the improved mental health status, of Manitobans.

The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship Program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province, in order to promote the health and well-being, and to optimize the mental health status, of Manitobans.

The expected and actual results for 2010/2011 included:

1. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act* and Regulations.
   - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
   - Consulted as required with the Manitoba Health Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act* and Regulations.

2. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
   - Consistently implemented the Manitoba Health policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 289 Certificates of Incapacity applying for Orders of Committeeship and issued 243 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 17 previous Orders of Committeeship.
   - Issued 71 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the Public Trustee as committee.
   - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Three specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba. General psychiatry, child and adolescent psychiatry, and psychogeriatric psychiatry have thereby been enhanced in the regional health authorities of Brandon and Central.
   - Five University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
   - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with regional health authorities and other sectors of the health care system.
   - Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act*, to clients, stakeholders and various sectors of the health system.

6. Tracking of the Orders of Committeeship Program and the regulated Forms under *The Mental Health Act*.
   - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Additional computer databases were operational for selected data analysis during the year.

4(b) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	465	2.40	382	83	
Other Expenditures	44		60	(16)	
Total Sub-Appropriation	**509**	**2.40**	**442**	**67**	

Selkirk Mental Health Centre

Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide specialized mental health and acquired brain injury inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

SMHC also has a formal agreement with the Government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Treatment and rehabilitation services in all programs are provided by multidisciplinary teams. SMHC specializes in five inpatient treatment programs:

- Acute Program (53 beds)
- Rehabilitation Program (86 beds and 8 community transitional residence beds)
- Geriatric Program (75 beds)
- Forensic Program (18 beds)
- Acquired Brain Injury Program (20 beds and 5 community transitional residence beds)

The cultural and spiritual needs of Manitoba First Nations, Métis, and Nunavut patients are met by Aboriginal Services staff, such as Elders, Proctors and a Coordinator, and include conducting sweat lodge, smudging and pipe ceremonies; making sacred items; and sharing traditional stories.

The objectives were:

- To pursue excellence in the provision of specialized inpatient mental health and brain injury treatment and rehabilitation.
- To successfully reintegrate patients into the community of their choice through recovery planning and partnerships with patients, families and communities.

The expected and actual results for 2010/11 included:

1. Evidence of recovery assessments, plans and activities for patients.
   - All patient charts include a recovery plan.
   - Processes have been put in place to ensure families are invited to participate in recovery planning where patients want their involvement.

2. Decreased rate of re-admissions and shorter lengths of stay.
   - Statistical reports are being standardized to facilitate discussions to reduce waitlists and improve access to inpatient mental health services.

- Created new Bed Utilization Manager to ensure all beds are utilized effectively and to collaborate with leaders and community partners to remove wait time barriers.
- Temporarily reassigned 10 Acquired Brain Injury beds to a new Intensive Rehabilitation Area within the Acute Program to meet current population needs (reflected above).

3. Improved hope for patients.
   - Patient Satisfaction Survey results indicate that 91% of patients believe they can get better; 79% feel they are treated with dignity and respect; 75% agree that staff take time to listen; 78% like the care they receive and are able to stay in contact with their family; 90% think the environment is clean and comfortable; and 79% feel safe at SMHC.

4. Increased family partnerships and collaboration with community partners.
   - Family Satisfaction Survey results indicate 84% of families feel comfortable visiting SMHC; 91% feel welcomed by staff; 93% feel comfortable contacting staff about concerns they have; 98% feel staff listen and respond to their concerns; 87% are contacted by the treatment team; 92% are communicated with in a way that is easy to understand; 94% feel respected by staff; 95% feel their family member is treated with respect; 94% think the services provided by SMHC make a difference to their family member; and 79% receive enough information about their family member's illness, recovery plan and progress.

5. Enhanced physical space for patient recovery, family visitation and for staff to perform their duties.
   - Completed safety and security renovations on Acute Program, Area 12.
   - Purchased new dining room furniture to create a more welcoming environment.

6. Increased safety and organizational security through a reduction of unmanaged risk to ensure survivability following a disaster.
   - Implemented a new Disaster/Emergency Response Plan which includes an Emergency Quick Response Guide with standardized colour-coded emergency references.
   - Implemented medication reconciliation process which is now considered industry standard.
   - Worker Injury Report is reviewed quarterly along with strategies to reduce future injuries.
   - Work continues to convert all procedures into a SAFE Work format.

7. Improvements to patient treatment and rehabilitation outcomes.
   - Met all Accreditation Canada's required organizational practice standards and received accreditation until 2012.
   - Work continues to ensure all staff is trained in best practice rehabilitation principles and applications (e.g. Psycho-Social Rehab, PIECES or Brain Injury Rehab).

8. Improvements to communication and information sharing with internal and external stakeholders.
   - Mental Health First Aid workshops are provided to the public on a monthly basis.
   - Hearing Voices workshops are provided to the public on a quarterly basis.

9. Improved staff recruitment, retention and satisfaction.
   - Staff Satisfaction Survey results indicate that 95% of staff understand the importance of the work their team provides; 87% are proud of the work they do; 80% finds their work challenging and satisfying; 77% feel appreciated by their coworkers and team leader; 70% think SMHC has a clear vision and mission; 86% incorporate SMHC's core values into their work; 83-86% communicate clearly with their immediate leader; 85% feel their skills, knowledge and experience are used in their job; 76% are able to attend training sessions and agree that continuous learning is encouraged; 81% feel supported by their leader and thinks the leader models good work ethics; 81-83% are treated with respect by their coworkers and immediate leader; 96% agree that all employees are responsible for improving job safety; 80% think SMHC has an effective Workplace Safety and Health Committee; and 74% feel SMHC is a safe place to work.
   - SMHC held its first annual Service Pin recognition event honouring employees with 5, 10, 15 and 20 years of service.

4(c) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	33,825	469.30	31,943	1,882	
Other Expenditures	4,611		5,146	(535)	
Total Sub-Appropriation	**38,436**	**469.30**	**37,089**	**1,347**	

Aboriginal Health

The Aboriginal and Northern Health Office (ANHO) is Manitoba's key resource on Aboriginal health issues with respect to the development of policies that affect strategies, initiatives and services for the Aboriginal community. ANHO acknowledges and supports the cultural diversity among First Nations, Métis and Inuit populations in Manitoba, and works in collaboration with other branches within Manitoba Health, other provincial departments, regional health authorities (RHAs), Aboriginal political territorial organizations, communities and the federal government to meet that mandate.

The objectives were:

- To develop, prioritize, implement and analyze strategic health initiatives and programs to improve health outcomes for Aboriginal people and thereby reduce the gap in health outcomes between Aboriginal people and all Manitobans.

The expected and actual results for 2010/11 included:

1. The implementation of Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy, and Maternal and Child Health Services (MACHS) will occur with the guidance of the Aboriginal Health Branch and will incorporate guidance from external stakeholders knowledgeable around Aboriginal culture and health issues affecting First Nations.
    - Co-chaired the committee on Manitoba's Youth Suicide Prevention Strategy that aims to reduce the incidence of suicide attempts and completions by focusing on at-risk and high-risk Aboriginal youth, and activities and information that will benefit First Nations and Métis communities.
    - Participated on the Resource Education Tools Working Group - MACHS and recommended the incorporation of NCI 105.5 FM into a communication strategy.
    - Participated on the HPV Working Group - MACHS and provided geographic and cultural considerations to the Immunizations Communication Strategy.

2. Partner across sectors and jurisdictions through engagement in the First Nations Personal Care Home Licensing Initiative, the Intergovernmental Committee on Manitoba First Nations Health and the Métis Policy development process.
    - Provided policy advice to internal and external stakeholders for the First Nations Personal Care Home Licensing Initiative and supported negotiations with federal and First Nations partners.
    - Supported the coordination of the Regional Healers Gathering in Opaskwayak Cree Nation, led by the Intergovernmental Committee of Manitoba First Nations Health (ICMFNH).
    - Collaborated in the development of the provincial Métis Policy.
    - Participated in multi-sectoral, inter-jurisdictional committees including, but not limited to: Shamattawa Arena/Youth Centre Steering Committee, ICMFNH, and the Neewin Board Inc.

3. Establish a process for engagement and increasing participation of Aboriginal communities in RHA Community Health Assessments.
    - Facilitated partnerships and established more effective working relationships between RHAs and First Nations communities and Tribal Councils through attendance at joint tables.
    - Provided support to RHAs to enhance Aboriginal involvement in regional suicide prevention committees through the Manitoba's Youth Suicide Prevention Strategy.

- Administered the Adaptation and the Pan-Canadian Envelopes of the federal Aboriginal Health Transition Fund (AHTF), with 11 projects in Manitoba.
- Led discussions to develop more culturally-appropriate health indicators for Aboriginal populations to better inform evidence-based research and accountability.

4. Aboriginal Health Branch will continue to work with First Nations communities to develop community-led healthy living initiatives.
   - Worked with Opaskwayak Cree Nation to establish a culturally-safe, community-based Healthy Living initiative.
   - Provided advice on the Pine Falls Aboriginal Traditional Healing Centre capital project.
   - Participated in the coordination and implementation of the Pitawik Regional Aboriginal Women's Gatherings that addressed health issues of Aboriginal women.
   - Worked closely with the Manitoba Renal Program to support appropriate renal health for Aboriginal people and the expansion of dialysis to Berens River and Peguis First Nation.

5. Representation and consultation regarding the importance of social determinants of health will occur for, but will not be limited to, the MACHS Initiative, Mental Health and Homelessness, Jordan's Principle, Reclaiming Hope: Manitoba's Youth Suicide Prevention Strategy, the provincial Mental Health Strategy, the Intergovernmental Committee on Manitoba First Nations Health, and the First Nations Personal Care Home Licensing Initiative.
   - Provided information and policy advice regarding the linkages and importance of the social determinants of health for initiatives such as: Jordan's Principle, MACHS, Manitoba's Youth Suicide Prevention Strategy, the provincial Mental Health Strategy, ICMFNH, First Nations Personal Care Home Licensing Initiative, and AHTF.

4(d) Aboriginal Health

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	174	5.00	375	(201)	
Other Expenditures	177		184	(7)	
Total Sub-Appropriation	**351**	**5.00**	**559**	**(208)**	

Chronic Disease

The objectives were:

- Reduce the impact of chronic disease and improve health outcomes for Manitobans.
- Increase collaboration with health stakeholders to develop innovative strategies that meet the needs of people with or at risk for chronic disease.
- Encourage systems change towards realignment and integration of chronic disease prevention and management into the continuum of care.

The expected and actual results for 2010/11 included:

1. Innovative strategies to address diabetes and stroke within the continuum of care.
   - The Chronic Disease Prevention Initiative (CDPI) continued to support 83 communities in Manitoba, including 21 First Nations communities and seven Métis communities, in implementing action plans aimed at reducing physical inactivity, unhealthy eating and smoking.
   - Produced a CDPI toolkit, including demonstration project lessons, and shared it across Canada.
   - With many partners, implemented new primary prevention activities across Manitoba, including:
     - HEY! (Health Empowerment for You!), a culturally-significant curriculum for cancer and chronic disease for Saskatchewan and Manitoba First Nations youth.

    - North of 53 – Working Together to Build Vibrant Communities, a partnership of over 20 organizations identifying opportunities to create healthy sustainable communities that support healthy weights.
- Distributed updated Manitoba Diabetes Care Recommendations to over 2000 physicians, diabetes educators and other health professionals and used the recommendations to inform Chronic Disease Complication Screening standards for education programs, policy and program development.
- Supported the development of an online First Nations Diabetes Course for health providers, developed in response to recommendations from the Manitoba First Nations Patient Wait Time Guarantee Project for the prevention care and treatment of diabetic foot ulcers (2007/08).
- Supported a pre-diabetes screening pilot project, with the Winnipeg Regional Health Authority and Public Health Agency of Canada (PHAC), that screened high-risk and immigrant populations in Winnipeg for pre-diabetes and provided education to reduce risk for type 2 diabetes.
- Developed the *Manitoba Stroke Strategy* five-year plan, with goals to improve health outcomes and support appropriate and effective stroke health services.
- Funded Wellness Institute in the Winnipeg Regional Health Authority to provide provincial coordination of this chronic disease self-management program. Across the province in 2010/11, 91 peer leaders were trained and over 50 programs were held with approximately 350 participants.

2. New data on hypertension and cardiovascular disease will be incorporated into program and policy development.
    - Worked with PHAC and other provinces to improve and standardize chronic disease surveillance provincially and nationally.
    - Developed methodology and preliminary results for a surveillance report to measure the combined burden of diabetes and hypertension and its effects on stroke, cardiovascular disease, and health services utilization.

3. A structure and process to coordinate chronic disease approaches amongst partners is established.
    - Coordinated and collaborated with provincial departments, regional health authorities (RHAs) and other stakeholders to ensure consistency, reduce duplication and coordinate planning and implementation of chronic diseases initiatives through the CDPI Joint Management Committee, Stroke Strategy Steering Committee, and Osteoporosis Working Group.
    - With PHAC, RHAs, and Health Canada, organized and held the Chronic Disease Education Network workshop for 350 diabetes and health educators.

4. Ongoing and sustainable plan for chronic disease prevention and management across the continuum of care.
    - Evaluated two demonstration projects shown to have positive outcomes on preventing chronic disease and eye disease complications, helping patients better manage chronic disease, reducing costs of travel, and increasing access to health services. As a result, RHAs funded the projects as ongoing programs to better address prevention.
    - Transitioned the CDPI demonstration project to Healthy Together Now, which is based on a population health approach, focused on health disparities, and aimed at populations at high risk for chronic disease.
    - Transitioned the Manitoba Retinal Screening Vision program to NOR-MAN, Burntwood and Winnipeg RHAs to provide program sustainability for populations in remote, rural and northern locations with high rates of diabetes at high risk for vision loss or blindness as a result of complications of diabetes.

4(e) Chronic Disease

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	626	8.50	618	8	
Other Expenditures	642		966	(324)	
External Agencies	-		10	(10)	
Total Sub-Appropriation	**1,268**	**8.50**	**1,594**	**(326)**	

Primary Care

The objectives were:

- To build an integrated, quality primary care system in Manitoba.

The expected and actual results for 2010/11 included:

1. Implementation of primary care initiatives.
   - Implemented Phase 2 of the Physician Integrated Network (PIN) initiative. Nine new fee-for-service group practices completed change management processes and started full implementation.
   - Completed widespread consultation with regional health authorities (RHAs) and stakeholders regarding the proposed key features and services of Primary Care Networks (PCNs).
   - Supported implementation of Access St. James and Access NorWest, including the satellite, Bluebird Clinic, a primary care clinic serving residents in the Weston/Brooklands area.

2. Promote timely access to quality primary care.
   - Completed Phase 1 and 2 of the Advanced Access initiative with 35 clinics participating in the training. Trained Manitoba faculty to work with the Department of Family Medicine to help other clinics wishing to implement Advanced Access principles.
   - Supported system development to measure and report on quality in primary care, including:
     - Continued tracking a range of indicators focused on screening and chronic disease management processes in PIN group practices. Data analysis showed improvement across these practices.
     - Data contributed by midwives to the provincial Midwifery Database showed high-quality outcomes in midwifery services.
   - Participated in cross-departmental and external stakeholder initiatives to develop strategies to address human trafficking and support trafficked persons. Identified opportunities to increase health system knowledge and recognition of human trafficking, and capacity to ensure access to primary and emergency care for trafficked persons.

3. Complete the final phase of the CareLink initiative and provide an initial project benefits evaluation.
   - In partnership with Canada Health Infoway, developed information technology supports to improve timely access to the appropriate primary care providers and improve chronic disease management supports.
   - Expanded chronic disease self-managed care services for patients with heart failure and type 2 diabetes using TeleCARE Program's phone-based nursing support and Telehealth, especially for rural and remote patients, through Health Links-Info Santé at the Provincial Health Contact Centre (PHCC). Preliminary evaluation showed good compliance with clinical targets, reduced numbers of hospital visits, and moderately high levels of patient and physician satisfaction.
   - In partnership with the Winnipeg Regional Health Authority and PHCC, launched the After Hours Primary Care Pilot to provide clients who access a downtown health centre with seamless and efficient access to primary care outside of regular clinic hours.

- Established Dial-A-Dietitian service, in conjunction with Manitoba Healthy Living, Youth and Seniors at the PHCC to provide Manitobans with better access to registered dietitians, who answer questions, provide advice to individuals and families, and support TeleCARE.

4. Build capacity amongst Regional Health Authorities and primary care providers/teams to implement innovative and effective system changes in Primary Care by providing the Physician Manager Institute and Customer Service seminars.
   - Hosted two Physician Manager Institutes (Engaging Others, and Leading Change and Innovation) designed and delivered by the Canadian Medical Association to help physicians and health care managers enhance their abilities to effectively lead their health care organizations.

5 Effectively integrate primary care providers and multidisciplinary teams including nurse practitioners and midwives to provide quality services.
   - Assisted RHAs in successfully implementing new Nurse Practitioner (NP) positions. The number of NP positions has grown to 65 in 2010/11. Announced two initiatives to increase access to primary care services through new NP positions: QuickCare Clinics and mobile primary health care buses.
   - Increased the number of midwife positions to 46 in 2010. Identified opportunities to implement and support multidisciplinary collaborative perinatal services such as establishment of a locum midwife position at the Northern Medical Unit and potential for Physician Assistant support for rural maternity services.

6. Service improvements and initiatives that bring care closer to home for women and newborns.
   - Supported the establishment of the province's first facility to provide out-of-hospital, midwifery-led birth services in Winnipeg, the first such facility in Canada outside of the Arctic and Quebec.
   - Continued to support implementation of initiatives identified by the Maternal and Child Health Services task force (2008).
   - Established and supported activities of a new Advisory Council and Network that have ongoing responsibility for maternal and child health care services in Manitoba.

4(f) Primary Care

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	425	4.50	400	25	
Other Expenditures	517		500	17	
External Agencies	170		171	(1)	
Total Sub-Appropriation	**1,112**	**4.50**	**1,071**	**41**	

Northern Nursing Stations

The objectives were:

- To provide quality health care to the communities of Chemawawin Cree Nation/Easterville, Misipawistik Cree Nation/Town of Grand Rapids and Mosakahiken Cree Nation/Moose Lake. Through the management of the community nursing stations, reduce health disparities and improve access and sustainability in health care delivery.

The expected and actual results for 2010/11 included:

1. Reduced health disparities and improved equity of services at a local level through improved access to necessary medications and equipment and fewer patient transfers to larger health centres.
   - Expanded the drug formulary thereby reducing the need for patient travel to receive treatment at other facilities.

- Implemented Telehealth connectivity to the communities of Grand Rapids and Easterville, resulting in a reduced need for patient travel to appointments for cancer, foot care, Canadian National Institute for the Blind, mental health, dermatology, and diabetes education.
- On average, four patient appointments occurred via Telehealth monthly, for an average travel/accommodation cost savings of $800-$1,000 per appointment or approximately $25,000 per year per community.

2. Sufficient staffing and operating resources, and appropriate direction and co-ordination to enable nursing station staff to provide quality primary and emergency services to the communities they serve.
   - Provided primary health care and public health services to the communities served by the provincial nursing stations.
   - Dispensed medications in a more effective and safe manner through the implementation of infusion pumps obtained by provincial nursing stations.
   - Provided greater consistency in the standard of care for the communities through staff education in accredited courses such as International Trauma Life Support, Advanced Cardiac Life Support, and Cardiopulmonary Resuscitation.
   - Improved service delivery and access for the communities through ongoing communication between mental health providers in NOR-MAN Regional Health Authority (RHA), Manitoba Health, and provincial nursing station staff on options for care for suicidal ideation and other mental health issues.

3. Lower staff vacancy rates and improved health care facilities and staff housing to replace existing outdated and overcrowded buildings.
   - On a regular basis, gathered input from and developed functional plans with community representatives for capital projects in the communities of Mosakahiken, Chemawawin and Misipawistik Cree Nations.
   - Provided mentoring and coaching to local nurses working in the provincial nursing stations to support local employment opportunities, improved retention and better continuity of care.

4. Ongoing support of the negotiation process among Manitoba Health, First Nations and Inuit Health, Health Canada and the three First Nations together with their adjoining communities to establish greater local involvement in decisions regarding operations and services provided at the nursing stations.
   - Opened dialogue between the Swampy Cree First Nations communities and NOR-MAN, Burntwood and Parkland RHAs through quarterly roundtable meetings, funded by the Aboriginal Health Transition Fund, with Swampy Cree First Nations, Health Canada, Manitoba Health, Northern Affairs Community leaders, local health directors, and RHAs representatives.

4(g) Northern Nursing Stations

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,891	22.37	2,401	(510)	
Other Expenditures	3,035		1,849	1,186	1
Total Sub-Appropriation	**4,926**	**22.37**	**4,250**	**676**	

Explanation Number:

1. Primarily Contract Nurses Costs

Mental Health and Spiritual Care

Mental Health provides leadership, support and coordination to the mental health systems in Manitoba.

The objectives were:

- To provide direction and support toward innovation, evidence-based practice and accountability in the mental health system and spiritual health care in Manitoba.
- To reduce health disparities and advance mental wellness.

The expected and actual results for 2010/11 included:

1. Strong collaboration with a diverse range of stakeholders in policy and program development and in the implementation of provincial strategies.
   - Manitoba Health continued its process to validate a draft provincial mental health strategic plan with regional health authorities, individuals with mental health problems and illnesses, family members, service providers and other stakeholders.
   - A broad consultation occurred to inform the development of a spiritual health care strategic plan.

2. Evidence-based policies for the health sector that reflects concerns of priority populations.
   - Manitoba Health continued its participation on the Trauma Planning Leadership Committee, whose goal includes increasing capacity and awareness to better respond to the needs of people affected by trauma.
   - Manitoba Health continues to work with the Winnipeg Regional Health Authority (WRHA) on the creation of a Community Mental Health Crisis Response Centre in Winnipeg to provide specialized mental health crisis resources.
   - Manitoba Health continued its work with the Manitoba Justice in developing a model for Mental Health Court for individuals in contact with the law whose mental health issues are the likely cause of their criminal behaviour.
   - Manitoba Health is working with stakeholders to develop guidelines for the admission and discharge of individuals accessing psychiatric beds outside of their home RHA.
   - In collaboration with stakeholders, the department is reviewing options to increase access in regions to timely urgent/emergent psychiatric assessment.

3. Promotion of co-occurring disorders services.
   - Manitoba Health continued coordination of the Co-occurring Disorders Initiative including planning for a summer institute and the development of electronic training modules.

4. Program excellence and fiscal accountability of provincially-funded mental health programs and services.
   - Manitoba Health continued working with agencies contracted to provide mental health programs and services to Manitobans to ensure excellence and fiscal accountability.

5. Improved access to mental health services for youth with a focus on Aboriginal youth.
   - Manitoba Health continued its work with the Burntwood RHA to develop a Northern Youth Crisis Service which is being planned as a six-bed facility for youth requiring mental health and/or addictions stabilization.

6. Enhanced protective factors and reduced modifiable risk factors with respect to suicide prevention.
   - In collaboration with RHAs and other external stakeholders, Manitoba Health completed its second full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth. Funding under the Strategy continued to support regional youth suicide prevention subcommittees, as well as community-based evidence-informed prevention programs such as: Communities that Care; Winnipeg Aboriginal Sport Achievement Centre North; Life Skills Training in schools; Roots and Seeds of Empathy; Signs of Suicide; Mental Health First Aid; Teen Talk North; Enhanced Telehealth capacity for child and adolescent mental health consultation to the North; Enhanced Training for community child and adolescent mental health clinicians in the North; Trauma Training for service providers; and bereavement support. Funding also supported the launch of a WRHA-led data mining project to identify risk factors for suicidality and para-suicidality among youth in the justice population.

- Manitoba Health worked with its stakeholders to develop guidelines for public awareness and education related to suicide prevention.

7. Completion of the development of a four-year Provincial Spiritual Health Care Strategy.
   - Manitoba Health embarked on a planning process that included consultations with RHAs, patients, family members and other stakeholders to develop a Provincial Spiritual Health Care Strategy.

8. In consultation with stakeholders, articulation of the Core Competencies for Spiritual Health Care Providers Guideline for use by regional health authorities.
   - In consultation with stakeholders, a Core Competencies for Spiritual Health Care Providers Guideline was developed for use by regional health authorities.

9. Use of ethno-cultural competency guidelines within regional health authorities and provincially-funded mental health services and programs.
   - In consultation with a diverse range of stakeholders the department developed Guidelines for Ethno-cultural Competency in Service focused on the mental health and addictions service systems which will be distributed to regional health authorities and provincially-funded mental health services and programs.

10. Use of the Workforce Resiliency Framework by service provider systems including implementing Psychological First Aid primer training, distributing psychosocial public education materials and integrating psychosocial messages into broader pandemic-related documents.
    - The Workforce Resiliency Framework was revised to reflect application in a general disaster situation, rather than a pandemic-specific situation. This revised framework was distributed to all RHAs and other stakeholders for use in the 2011 flood response work. Training in Psychological First Aid continued in the regions for the flood response.

4(h) Mental Health and Spiritual Health

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	671	9.00	675	(4)	
Other Expenditures	888		911	(23)	
External Agencies	2,198		2,204	(6)	
Total Sub-Appropriation	**3,757**	**9.00**	**3,790**	**(33)**	

Regional Affairs

Administration

The objectives were:

- To provide support to the Minister of Health, the health authorities, that being the regional health authorities, CancerCare Manitoba (CCMB) and Diagnostic Services of Manitoba (DSM), through ongoing leadership and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2010/11 included:

1. Timely information to the Minister of Health, internal clients and the health authorities to support evidence-based decision making.
   - Tracked and reported on a variety of data to assist the Minister of Health and the regional health authorities in their decision making. Emergency room, surgical and wait time statistics are collected and reviewed regularly.
   - Worked with the regional health authorities, Diagnostic Services of Manitoba, and CancerCare Manitoba to provide information to support decision-making on specific items.

2. Timely research and response to public expressions of concern related to service delivery issues.
   - Managed, with related partners, the response by the health care delivery system to issues of public concern (i.e., H1N1, medical isotopes, flood).
   - Continued to work to address public concerns relating to incidents, waits and staffing shortages in emergency departments.
   - Continued to implement several initiatives recommended in the extensive and comprehensive review of emergency departments across the province.
   - Worked with regional health authorities to review issues of capacity and flow through the health care delivery system, particularly for individuals awaiting placement in personal care homes.
   - Addressed Manitoba Health's strategic priorities focusing on the changing needs of the health system in the following areas: long term care, emergency medical services, and wait times. All of these initiatives are working toward system enhancements to allow for improved patient care and outcomes.
   - Participated at a national level with work on the transition of the Canadian Council on Donations and Transplants to Canadian Blood Services, critical incident reporting, and knowledge translation in cancer control.
   - Worked with various sectors on a provincial and national level to ensure time-capacity to address health care needs during the flood, the H1N1 influenza, and isotopes shortage.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	301	4.00	302	(1)	
Other Expenditures	75		57	18	
Total Sub-Appropriation	**376**	**4.00**	**359**	**17**	

Emergency Medical Services

The objectives were:

- To facilitate the development of emergency medical services (EMS) delivered by the regional health authorities (RHAs), air ambulance carriers and stretcher services in the province of Manitoba.
- To carry out activities related to the regulation of EMS providers and medical transport in Manitoba.
- To coordinate the operation of the Lifeflight Air Ambulance Program.

The expected and actual results for 2010/2011 included:

1. Effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and Regulations with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
   - For 2010/11 the EMS Branch:
     - Licensed 271 new personnel license holders and renewed 381 personnel licence holders.
     - Licensed 27 providers of land ambulance.
     - Licensed 8 providers of medical first response.
     - Licensed 6 providers of air ambulance.
     - Licensed 2 providers of stretcher care service.
     - Licensed 2 providers of dispatch centres.
   - Processes are in place in the EMS Branch to protect the public for situations when new applicants or license holders have criminal offences or criminal charges pending.
   - The breakdown for the personnel categories are 1,989 land personnel, 142 aeromedical attendants, 232 pilots and 156 stretcher attendants. There were 117 new air ambulance provider applications, 4 new medical first response service applications, and 50 new stretcher provider applications during 2010/11.
   - There was one appeal to the Manitoba Health Appeal Board for a two-week suspension of a land ambulance personnel license, and this was supported.
   - There were 2,519 licensed EMS personnel in Manitoba on December 31, 2010.

2. Land, air and stretcher services will be in compliance with *The Emergency Medical Response and Stretcher Transportation Act* and Regulations.
   - Application for annual licensure occurs in September and licenses are distributed for January 1 of each year. All applicants must meet legislative and regulatory requirements on an annual basis including a physical inspection of their transportation platforms and garages/hangars. If services do not meet standards, they may be considered for provisional licensure on a temporary basis, until they can meet the licensing requirements. There were five service providers that received a provisional license during 2010/2011.

3. Competent EMS practitioners.
   - The EMS Branch is responsible for administering the provincial exam for licensure candidates at the Technician, Technician Paramedic, and Technician Advanced Care Paramedic level. During 2010/11, 412 exam candidates were examined by the EMS Branch. There were two appeals to the Manitoba Health Appeal Board regarding exam results, and the two appeals were denied.
   - Alternate Route to Maintenance of Licensure (ARML) program oversight and monitoring is the responsibility of the EMS Branch and includes an annual review of each participant's documented completion of mandatory and optional credits. Thirty-seven license holders were reviewed in 2010/2011. The ARML review is part of EMS Branch's overall responsibility for the program and is also partly in response to the ongoing audit of personal license holder's completion of requirements to maintain licensure and to ensure continuing clinical competence. Four license holders were found to have incomplete ARML requirements with one changing license level to administrative, two letting their licenses expire, and one undergoing examination in order to maintain their license.
   - An ARML Advisory Committee was established in the fall, 2010, and the members have met monthly. The purpose of this group is to make recommendations for the continuing competency requirements of individual license holders. A report from this committee to the EMS Branch is expected in the fall 2011.

4. Safe medical transportation of Manitoba residents by Lifeflight fixed wing services.
   - In 2010/11 Lifeflight provided safe transport for 407 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg. Lifeflight also arranges for the air transportation of pre-approved Manitoba residents to facilities out of province when their care is unavailable in Manitoba. In 2010/11, Lifeflight arranged for the transport of 126 Manitoba residents who required medical care not available in Manitoba.
   - There were no Critical Incidents/Occurrences reported to Manitoba Health by the Lifeflight services.

5. Safe patient care administered by EMS personnel adhering to EMS standards, Treatment Guidelines and Treatment Protocols.
   - Manitoba's Emergency System Medical Advisory Committee (MESMAC) establishes current, medically accountable treatment guidelines, treatment protocols and standards for pre-hospital patient care. MESMAC met once in 2010/11, and there was a revision to two of the Emergency Treatment Guidelines.

6. Robust and informative data collection processes and indicators for EMS.
   - The MTCC is refining the data reporting system for the EMS Branch in 2011/12, and the EMS Branch is awaiting approval to proceed with the Manitoba Emergency Medical Services Information System.

7. Effective administration of the Northern Patient Transportation Program (NPTP) that enables the RHAs to ensure access to medical services for residents in northern Manitoba.
   - The NPTP has been reviewed and the review findings have confirmed that the NPTP provides an important travel subsidy and that there is major potential for program efficiencies. The EMS Branch has been working with the RHAs administering the NPTP to identify opportunities for developing greater efficiencies and accountability in the program. Stakeholder consultations have occurred, and the branch is continuing efforts with the RHAs to identify ways of enhancing the program while containing costs.

8. Manitobans receive timely response to inquiries.
   - The EMS Branch has a website for the public to make inquiries. The EMS Branch responds to these inquires within one to five working days.

5(b) Emergency Medical Services

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,352	14.00	1,221	131	
Other Expenditures	4,899		5,342	(443)	
External Agencies	14		23	(9)	
Total Sub-Appropriation	**6,265**	**14.00**	**6,586**	**(321)**	

The Office of Disaster Management

The Office of Disaster Management (ODM) is involved with an increasing number of emergencies and disasters that require higher levels of preparedness and longer response operations than in previous years. In the last five years the office has trended from a balance of approximately 5% (fiscal year 2005/06) of branch time being devoted to response operations to over 80% in the 2010/11 fiscal year.

The objectives were:

- To ensure the health sector is able to meet the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

The expected and actual results for 2010/11 included:

1. A disaster management program for Manitoba Health that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
   - To move into compliance with best practices the Office of Disaster Management implemented:
     - A health system hazard risk and vulnerability assessment
     - A health system intelligence report
     - A health system mass communications system pilot
     - The Common Operating Picture Geographic Information Mapping System
     - The Manitoba Health bed map system

- Heat Alert and Response System
- Examination of H1N1 response activities to focus effectiveness of Manitoba Health's emergency management preparedness and response in the event of a pandemic.

2. A fully integrated health incident management system for Manitoba Health and the regional health authorities that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1561 Standard on Incident Management Systems).
   - The Office of Disaster Management activated its incident management systems structures three times during the 2010/11 fiscal year. The response structures were activated to ensure coordination and communication across the health sector during spring flooding, northern forest fires and an emergency evacuation of the Oxford House Personal Care Home.
   - ODM developed debriefing documents about these response operations and has determined gaps that need to be addressed with the response system to achieve best practices in emergency management.

3. A coordinated and effective preparedness and response structure within Manitoba Health and the RHAs.
   - Utilized preparedness and response structures within Manitoba Health and the RHAs for forest fires as well as spring flooding.
   - Lessons that are observed are incorporated into policy and procedure to ensure the branch is enacting continuous quality improvement. These activities included:
     - Situational Status Report distribution security and accuracy improvements
     - Operational Cycle improvements to enhance coordination and collaboration with RHAs
     - Activation Procedures
     - Training courses and procedures for departmental staff
   - During the flooding, forest fire and Oxford House Personal Care Home evacuation responses, the Office of Disaster Management was involved in the direct management of these events.

5(c) Disaster Management

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	527	5.00	361	166	
Other Expenditures	129		65	64	
Total Sub-Appropriation	**656**	**5.00**	**426**	**230**	

Urban Regional Support/Northern and Rural Support

The objectives were:

- To support the Minister of Health, the health authorities, that being regional health authorities (RHAs), CancerCare Manitoba (CCMB) and Diagnostic Services Manitoba (DSM) in planning and delivering, monitoring and evaluating safe, high quality, efficient, effective, evidence-informed health services.
- To inform Manitobans and Manitoba Health about demand, capacity, access and waits for health services.

The expected and actual results for 2010/11 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Amendment and Manitoba Evidence Amendment Act.*
   - Six hundred and forty-nine critical incidents were reported during 2010/11. This was relatively unchanged as compared with the number reported during 2009/10. The most frequently reported category of critical incidents remains falls, with critical incidents related to clinical care and medications being the next most frequently reported events.

- An improvement in the turn around time for completion of final critical incident review committee reports as well as in the quality of the reports provided, has been achieved, acknowledging that some reports require more time to complete as they are more complex and complicated in nature.
- In November 2010, Manitoba Health achieved two milestones in sharing patient safety information with the public. The first public Patient Safety Report was released in conjunction with the launch of the Patient Safety website, a valuable resource for the public related to a broad range of patient safety issues.

2. Personal care homes (PCHs) operate in compliance with the Personal Care Home Standards Regulations as set out under *The Health Services Insurance Act*.
   - On-site standards reviews to assess compliance with established provincial standards were conducted in PCHs in the following regional health authorities: Brandon, North Eastman, Parkland, South Eastman and Winnipeg.
   - Twenty-seven unannounced reviews were conducted in PCHs across the province.
   - The results of all PCH standards reviews and subsequent PCH actions were analyzed.
   - The PCH staffing initiative, established in 2007, was undertaken to standardize the number of direct care hours provided in PCHs across the province. The target hours per resident day (HPRD), was set at 3.6 HPRD in 2007; 2009/10 HPRD data reflected a provincial average of 3.74.
   - Work continued towards licensing six (6) First Nations PCHs, on an interim basis, as announced in 2008. The communities in this initiative include:
     - Opaskwayak (Rod McGillivary Memorial Care Home in NOR-MAN region)
     - Sioux Valley (Dakota Oyate Lodge in Assiniboine region)
     - Sagkeeng (George M. Guimond Care Centre in the North Eastman region)
     - Oxford House (George Colon Memorial Home in the Burntwood region)
     - Fisher River (Ochekwi Sipi Personal Care Home in the Interlake region)
     - Peguis (Peguis Senior Centre in the Interlake region)*

     * The current physical structure needs to be replaced as it cannot be upgraded to meet the requirements of the Design Guidelines for Long-Term Care Facilities. Work towards licensing this facility will follow the replacement of the building.
   - Manitoba Health staff continued to provide education about and support regarding the provincial PCH standards.
   - Manitoba Health staff continued to meet regularly with Indian and Northern Affairs Canada (INAC) to share information and to receive updates on the funding and capital upgrades. Collaborative work has continued with the goal of achieving licensing on an interim basis.

3. Information and data are provided to partners and stakeholders.
   - In 2010/11, custom wait time and wait list reports were provided monthly to more than 30 regional program directors, surgeons and specialists. Reports provided a range of information from clinician-specific wait time and wait list information for all clinicians working within a given area, procedure-specific wait time and wait list information, and program-wide wait time and wait list information. Reports are used for numerous purposes including managing wait times and wait lists, ensuring data accuracy and quality, and planning program resource requirements.

4. The Patient Access Registry Tool is implemented in 15% of surgeon and medical specialist offices.
   - In 2010/11, the Patient Access Registry Tool and eBooking was implemented in more than 65% of adult surgeon offices who have operating privileges in the Winnipeg Regional Health Authority (WRHA). It is anticipated that 100% of the WRHA adult surgeon offices will have implemented these tools by June 2011.

5. Public have access to current wait time information.
   - Throughout 2010/11, wait time information for 13 diagnostic, surgical and cancer procedures was provided monthly to the public on the provincial wait times website.

6. Manitobans receive timely response to inquiries.
   - Timely investigations and responses continue to be provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.

- This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and *The Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care inquiries, including referrals for services and appeal process information.

7. Eligible personal care homes are licensed.
   - Staff provided leadership in the annual licensing and ongoing monitoring of 124 personal care homes (PCH) across the province. This included reporting the findings of on-site reviews, as well as initiating follow-up with action plans and PCH-related complaints such that all 26 PCH standards will be met over time.
   - There are a total of 9,602 licensed PCH beds in 124 facilities province-wide.
   - PCH licenses were reviewed against an established set of criteria. Criteria for the addition of conditions to licenses have been drafted and are under consideration for implementation.

8. New and expanded programs are implemented in accordance with government priorities.
   - Manitoba Health staff participated in the review and prioritization/approval of funding requests for specialized equipment by regional health authorities, Cancer Care Manitoba and Diagnostics Services of Manitoba.
   - Review of the regional health authorities health plans has been undertaken to ensure that plans focus on initiatives/actions to successfully meet the health needs of the community and include appropriate resources allocations with evidence-informed rationale.
   - Staff participated in the development of provincial funding schedules to address regional health planning needs.
   - Staff continue to monitor improvement strategies and in particular those designed to improve emergency department (ED) wait times and hallway medicine. Some examples are as follows:
     - Regular communication among WRHA facilities related to bed management, repatriation and joint patient-centered problem solving.
     - Redevelopments of all WRHA ED facilities with approval to proceed with the Redevelopment at the Grace Hospital.
   - In collaboration with the Manitoba Renal Health Program, staff participated in the planning of new Renal Health Centres. The Berens River Renal Health Centre and the Hodgson Area Renal Health Centre are both expected to open in fall 2011.
   - Manitoba Health staff engaged with stakeholders including the Manitoba Renal Program, Burntwood Regional Health Authority, and the Kidney Foundation of Canada/Manitoba Branch, in the planning for the launch of a unique pilot telehealth project based in Thompson. This nurse-led telehealth Renal Health Clinic aims to increase access to support services for people living with chronic kidney disease in Thompson and the surrounding area.
   - Planning has been undertaken for the expansion of home haemodialysis training capacity, including equipment and staff, at the Seven Oaks General Hospital.
   - Participation in the planning of a comprehensive provincial renal health care model including the prevention of renal/kidney health issues, screening, and education, as well as the provision of hemodialysis treatment closer to home.
   - Work continued to support stakeholders in the expansion of the existing Living Organ Donor Reimbursement Program, a program designed to assist in removing financial barriers to living organ donation.
   - Manitoba Health will now cover the costs for foldable lenses for cataract surgery used in the Ophthalmology Program.
   - Support was provided for the Eriksdale Wellness Centre. Its model of care delivery includes a nurse, patient navigator and social worker whose roles will be to support the cancer related needs of the surrounding residents of the Interlake Regional Health Authority.
   - An expansion of the Manitoba Colorectal Cancer Screening (Colonchek) Program has been supported. Phase 2, the provincial expansion of the Colonchek program, is currently under way.
   - The participation of Manitoba Health staff in the Manitoba Breast & Women's Cancer Network has helped to ensure resources and support around breast and women's cancer are available to women, men and their families.

- Ongoing planning and construction of the new Women's Hospital at the Health Sciences Centre is under way. The new facility will provide improved access to specialized care while addressing projected increases in the volume of services required in the future. The design will provide opportunities to enhance clinical standards of practice.
- Phase One of an initiative identified by the Maternal and Child Healthcare Services (MACHS) Task Force to ensure that effective prenatal, post partum, neonatal and paediatric care is available close to home was completed. The development of a provincial mechanism for 24 hour, seven day a week access to specialist consultation will allow physicians from across the province to quickly connect with obstetric/gynaecologic/paediatric and neonatology experts. Consultations were held with family physicians in the rural and northern regions, as well as with urban specialists to inform recommendations for the development of this model. Manitoba Health staff have initiated work to lead and facilitate Phase Two, the development of draft paediatric, neonatal/obstetric consultation pathways.
- Manitoba Health staff participated in transition of the Unified Referral and Intake System (URIS) lead from Manitoba Family Services and Consumer Affairs to Manitoba Health. A partnership between Manitoba Health, Family Services and Consumer Affairs and Manitoba Education, URIS supports children who need assistance performing special health care procedures when they are in school/community programs/respite and apart from their families and caregivers.
- Manitoba Health staff participated on the Inter-sectoral Working Group of the Specialized Services for Children and Youth. Their goal is to implement a coordinated planning, delivery and evaluation system to maximize the effectiveness and efficiency of service delivery for children and youth with developmental disabilities and their families.
- Manitoba Health has participated on the Advisory Committees for the Canada Prenatal Nutrition Program (CPNP) and the Community Action Program for Children (CAPC) off-reserve in Manitoba, delivered across Canada by the Public Health Agency of Canada. For those facing challenging life circumstances, the programs help communities promote healthy development of young children and their families (CPNP), and promote public health and provide support to improve the well-being of pregnant women, new mothers and babies (CAPC).
- Manitoba Health staff participated in the Western Canadian Children's Heart Network (WCCHN). WCCHN has allowed for a number of improvements for children with heart disease including improved access to paediatric cardiology clinic services, the completion of an interprovincial pediatric cardiology database, improved collaboration on clinical practice guidelines and regular education events and Teleheath sessions.
- Participation in the planning and implementation of the Radiology Information System (RIS) and the Picture Archive and Communication System (PACS) functions for all 46 DSM imaging facilities concluded in late 2010. These sites can now share electronically diagnostic images and reports across the province.
- Participation in the Provincial Imaging Advisory Committee provided the opportunity to identify and prioritize the purchase of additional diagnostic equipment throughout the province. Greater availability of equipment will result in reduced wait times for diagnostic imaging procedures, more timely reporting to health care providers and improved patient care delivery.

9. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
   - Regions were assisted in planning for and implementing housing, home and community support and service options for individuals to allow them to "*age in place*" as well as delaying or preventing placement in a personal care home. This is part of the provincial Aging in Place/Long Term Care Strategy.
   - Provincial leadership has been provided related to health care quality performance and patient safety via strategic partnerships with internal departments and external stakeholders.
   - A cross jurisdictional analysis was conducted on health system performance measurement to identify any gaps related to health care quality improvement.
   - A Health System Performance Monitoring Framework was adopted as a foundation in defining quality dimensions across all health care sectors.
   - Monitoring of a selected set of health system performance indicators was undertaken.

- As active members of the Maternal and Child Healthcare Services (MACHS) committees and working groups, Manitoba Health provided an investment of 1.1 million dollars to implement 13 immediate initiatives to help strengthen both primary care and prevention services. Current gaps in services have been addressed and support for access to improved services closer to home has been achieved.
- Ongoing work continues to provide comprehensive briefings and materials to the Minister of Health in relation to a variety of health care issues, concerns and complaints.
- Manitoba Health staff participated in RHA Board and Executive Management Meetings providing information about a wide range of health issues, policies and concerns.
- Participation in various Regional Health Authority Networks occurs on a regular basis.
- Participation in the Manitoba regional health authorities' Health Promotion Network supports the enhancement of health promotion strategies by developing and maintaining communication links between similar programs and services within each of the regions and throughout Manitoba.
- Manitoba Health staff participated on the Management Information System Committee. This committee addressed standardization and reporting of data on Regional Health Authority Administrative Performance Indicators, ensuring timely and accurate information on health system performance.

5(d) Urban Regional Support

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,395	33.12	2,397 *	(2)	
Other Expenditures	623		778 *	(155)	
External Agencies	724		725	(1)	
Total Sub-Appropriation	**3,742**	**33.12**	**3,900**	**(158)**	

* includes enabling appropriation for Wait Time Initiatives

5(e) Northern and Rural Support

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	649	10.50	744	(95)	
Other Expenditures	163		205	(42)	
Total Sub-Appropriation	**812**	**10.50**	**949**	**(137)**	
Total Sub-Appropriation	**1,624**	**21.00**	**1,898**	**(274)**	

Public Health

The overall goal of Public Health is to provide coordinated and integrated public health leadership to the public health services and programs at the regional and provincial levels. The major areas of focus include health promotion and protection for the identification, prevention, and control of diseases and health disparities that affect populations. The efforts of Public Health aim to assist government, the community, and health professionals in the planning and response to public health issues and emergencies. Public Health comprises the Office of the Chief Provincial Public Health Officer, Public Health Planning, Public Health Policy, and Cadham Provincial Laboratory (CPL) Services.

The objectives were:

- To assess the health status of Manitobans.
- To prevent and control disease and promote the health of Manitobans.
- To ensure that important and emerging public health issues, including pandemic preparation, are detected, assessed and addressed, and that appropriate standards of public health practice in the monitoring, response and evaluation of health risks and issues are upheld.
- To advocate for the preservation and improvement of health and the reduction of health disparities of Manitobans.
- To assist with the improvement, protection and promotion of the health and healthy living of Manitobans through guidance to individuals, communities, organizations and governments.

The expected and actual results for 2010/11 included:

1. Decreased preventable diseases and injuries for Manitobans through the prevention and control of disease and the promotion of health.
    - Offered an interim, universal influenza vaccine program with a targeted approach for those at highest risk as per the National Advisory Committee on Immunization recommendation.
    - Completed and posted five new communicable disease protocols: measles, mumps, seasonal influenza, rubella and congenital rubella syndrome, and invasive pneumococcal disease.
    - Promoted Healthy Smile Happy Child resources for early childhood caries education in the regional health authorities (RHAs).
    - Established new Community Water Fluoridation program target levels for drinking water.
    - CPL initiated collaboration with Manitoba Innovation, Energy and Mines to develop new public health interventions related to infectious disease.

2. Improved surveillance and analysis of public health threats.
    - Developed and introduced an extended *Salmonella* investigation form, enhanced surveillance, and initiated database development.
    - Expanded active surveillance for blacklegged ticks and identified additional areas of elevated risk for Lyme disease in Manitoba.
    - Implemented projects to improve data quality in the communicable disease databases, including expanding the seasonal influenza surveillance system to monitor the 2010/11 season.
    - Developed a policy manual for the investigation of housing complaints to improve consistency and effectiveness.
    - Produced monthly reports on notifiable diseases and communicable disease statistics, weekly reports on circulating enteric disease, and posted weekly influenza reports on the public website.
    - CPL began participating in a national program for surveillance of Sexually Transmitted and Blood Borne Infections (STBBI) amongst street-involved youth.

3. Phase 2 of the Pan-Canadian Public Health Surveillance System (Panorama) is under way.
    - As a result of changes in participation and roles at the Federal/Provincial/Territorial (F/P/T) level, required revisions to the previous Panorama agreement delayed Phase 2 implementation.
    - Collaborated with F/P/T partners to construct a new license agreement and Memorandum of Understanding for Panorama across jurisdictions.
    - Established a tripartite working group with Assembly of Manitoba Chiefs and Health Canada to develop elements of Panorama affecting First Nations communities.

4. Completion of the report on the Health Status of Manitobans by the Office of the Chief Provincial Public Health Officer.
   - Prepared and submitted to the Minister of Health the first report on the health status of Manitobans, titled *Priorities for Prevention: Everyone, Every Place, Every Day*.

5. Completion of regulations for *The Public Health Act*.
   - Participated in the continuing development of protocols and procedures in accordance with *The Act*, with input from the Office of the Chief Provincial Public Health Officer.

6. Successful management of provincial disease outbreaks.
   - Worked with Canadian Food Inspection Agency and Manitoba Agriculture, Food and Rural Initiatives to manage H5N2 avian influenza outbreak.
   - Worked with the Winnipeg RHA to manage *Escherichia coli* (*E. coli*) outbreak and the national Outbreak Investigation Co-ordinating Committee to investigate exposures in Manitoba.
   - Delivered public health interventions (risk assessment, public health inspections, communications, etc.) on a recall due to Salmonellosis risk.
   - Provided support to the investigation and control of over 131 registered outbreaks.

7. Provision of information and recommended approaches to existing and emerging zoonotic and environment related diseases and condition.
   - Participated in the revision and reprinting of the "Diseases You Can Get From Wildlife" pamphlet, a pilot project of the One World One Health Collaborative.
   - Communicated with physicians regarding Lyme disease diagnosis, treatment, and evolving risk in Manitoba.
   - Updated various communicable disease protocols, including enteric illness, Listeriosis, and Salmonellosis protocols.
   - Participated in the revision of, and training session for, the new federal Foodborne Illness Outbreak Response Protocol.

8. Optimal testing procedures instituted in the public health laboratory.
   - Evaluated Quantiferon Gold, an interferon gamma release assay (a blood test for tuberculosis diagnosis).
   - Evaluated Siemens HIV AB/Ag combo EIA by testing 800 samples in parallel with Abbott HIV AB/Ag combo-data to be used to achieve Canada licensing.
   - To meet accreditation standards, validated: a PCR-based procedure for detection of the toxin gene in *Corynebacterium diptheriae*; a nucleic acid protocol for extraction of bacterial genomic DNA; and, a PCR-based procedure for detection of the eae gene in enteropathogenic *E. coli*.

9. Laboratory Information System is operational.
   - Successfully utilized auto faxing with no unscheduled downtime. Of 30,000 reports generated over one month, the auto faxing solution transmitted 85% of CPL patient reports to clients.
   - Employed instrument interfaces in the Serology and Microbiology departments, increasing entry of both test and result samples while reducing transcription errors.

10. Revisions to preparedness and response plans for public health emergencies in place.
    - Initiated planning for the implementation of the new federal Air Quality Health Index in Winnipeg and Brandon and an air pollution response plan.
    - Implemented the Flood Response and Safe Drinking Water (e.g. drinking water advisories) plan.
    - Continue to develop the Health Alert Response Plan, part of the Heat Alert Response System pilot project, for the City of Winnipeg and the Assiniboine RHA.

11. Students are provided with educational experiences in public health.
    - Public Health students:
      - participated in the logistical planning of the STBBI Consensus Meeting and the development of the Manitoba Immunization Monitoring System 2009 Annual Report;
      - prepared a report, 'A Review of Best Practice for the Prevention and Control of STBBI' (August 2010); and,
      - worked in the Environmental Infectious Diseases unit and on the Healthy Smile Happy Child project initiatives.

- CPL hosted Infectious Diseases, Medical Microbiology, and Community Medicine resident physicians; summer STEP program students; and students from the Medical Laboratory Assistant Program at the Neeginan Institute of Applied Technology.

12. Productive collaboration within Manitoba Health and with government departments, the University of Manitoba, regional health authorities and other organizations for effective planning, teaching, training and research on a range of initiatives and activities.
    - Planned the transition of tuberculosis case management and other service delivery to the regions.
    - Commissioned a Sexually Transmitted Infections Report (June 2010), a descriptive epidemiologic analysis of incidence in Manitoba from 1999-2008.
    - Developed the multi-stakeholder Provincial Vaccine Advisory Committee to support the strategic and operational mandate of immunization programs in Manitoba.
    - Completed the Cold Chain Protocol, providing guidance and resources for health care providers to ensure the maintenance of vaccine efficacy and safety for all Manitobans.
    - Provided food safety training to RHA employees across Manitoba.
    - Collaborated with Public Health Agency of Canada on a community-associated Methicillin-Resistant *Staphylococcus aureus* enhanced surveillance project.
    - Collaborated with other departments on initiatives such as a provincial bedbug prevention initiative, an electronic inspection form for day cares, a farmers' market vendor food safety course, and a new provincial STBBI strategy.
    - Collaborated with CancerCare, Manitoba, Diagnostic Services Manitoba, and the National Microbiology Laboratory on:
        - a molecular epidemiology study to determine a baseline of Human Papilloma Virus (HPV) genotypes for long-term evaluation of the HPV vaccine in Manitoba;
        - a three-year evaluation of the HPV immunization program; and,
        - a cost feasibility report to consider new technology platforms including HPV testing and liquid-based cytology for cervical cancer screening in Manitoba.
    - Collaborated with the University of Manitoba, Health Sciences Centre, and Cystic Fibrosis Canada to make cystic fibrosis testing a permanent part of newborn screening in Manitoba.

6(a) Provincial Public Health Office

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	9,796	94.45	10,725	(929)	
Other Expenditures	4,521		6,035	(1,514)	1
Vaccines	14,423		15,420	(997)	
External Agencies	48		102	(54)	
Total Sub-Appropriation	**28,788**	**94.45**	**32,282**	**(3,494)**	

Explanation Number:

1. Miscellaneous operating under-expenditures

6(b) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	7,408	94.78	6,992	416	
Other Expenditures	6,827		6,769	58	
Total Sub-Appropriation	**14,235**	**94.78**	**13,761**	**474**	

Provincial Blood Programs Coordination Office

Provincial Blood Programs Coordination Office provides collaborative leadership to the provincial blood system to facilitate effective, efficient utilization, and management of blood and blood products through a multi faceted strategy involving professionals, patients and the public. On behalf of the province, Provincial Blood Programs Coordination Office provides policy, program and budget oversight to the planning, management and operation of the Canadian Blood Services (CBS) and the Canadian Blood Agency. Provincial Blood Programs Coordination Office continues to manage and administer the Manitoba Hepatitis C Financial Assistance Program as well as the Federal Financial Assistance programs for people with HIV and HCV as a result of contact with the blood supply.

The objectives were:

- To coordinate the Manitoba Blood System, including the provision of transfusion services of blood and blood products to patients, medical practitioners and hospital management in the province.

The expected and actual results for 2010/11 included:

1. Enhanced surveillance through the Adverse Event Reporting System.
   - Activity continued on data cleansing and verification and analysis for utilization by CBS, Diagnostic Services Manitoba, regional health authorities and Manitoba Health.
   - Commenced audit of Adverse Event Reporting System documentation. Analysis and recommendations for data quality improvement expected in 2011/12.

2. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
   - Continued modest reduction in provincial utilization of red blood units over previous year.
   - Continuation of funding of Diagnostic Services of Manitoba pilot project to reduce blood component discards across province.
   - Activities to promote improvements in data response and quality for plasma product monthly tracking and monitoring system to determine product disposition, discard rates and most common reasons for discards, to position blood bank staff to transition from a manual to an automated system within 2 years.

3. Timely and accurate response inquiries in the Manitoba Blood System.
   - The Provincial Blood Programs Coordination Office continues to provide timely and accurate information to external and internal stakeholders including provision of information and problem solving support for issues arising from the Manitoba Blood System.

4. Establishment of an enhanced and renewed quality assurance program for laboratory sciences to develop and monitor standards.
   - Service purchase agreement annual funding and deliverable negotiations continue. Improvements made annually in standards development and monitoring and reporting processes to promote laboratory standards compliance.

6(c) Provincial Blood Programs Office

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	FTE	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	365	4.00	316	49	
Other Expenditures	103		61	42	
Total Sub-Appropriation	**468**	**4.00**	**377**	**91**	

Health Services Insurance Fund

The Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health services, emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program, and Pharmacare.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Medical Response and Transportation Services

The objectives were:

- To have health authorities (regional health authorities, CancerCare Manitoba, and Diagnostic Services of Manitoba) provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

The expected and actual results for 2010/11 included:

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act* and *The Health Services Insurance Act.*
   - Funding was allocated to be utilized in accordance with *The Regional Health Authority Act* and *The Health Services Insurance Act* in respect of the cost of hospital services, medical services and other health services to be provided in specified geographic areas.

2. Financial and statistical information will be provided by the health authorities as defined by Manitoba Health.
   - Regional health authorities and other agencies complied to report data to Manitoba Health, including: management information systems, monthly financial forecasts, wait times data and labour vacancy data.

3. RHAs and CCMB undertake an ongoing community health assessment process.
   - Comprehensive Community Health Assessment (CHA) reports were received from all health authorities, reviewed and feedback provided.
   - CHA reports were distributed to Manitoba Health branches, to university libraries, and to the Legislative Library.
   - A CHA Workshop was held November 8 and 9, 2010, for Manitoba Health staff, other government department representatives, and representatives from health authorities to increase awareness and encourage the use of CHA data for evidence-informed planning.

4. Health authorities' Health Plans align and address the community health assessment findings and provincial goals and objectives.
   - RHAs and CCMB submitted Annual Health Plans and their five-year Strategic Plans with priorities and plans developed with the use of Community Health Assessment findings.

5. Implementation of Health Plans is managed giving consideration to affordability and sustainability.
   - RHAs participated in personal care home standards visits and the development of action plans to ensure that all the standards are ultimately met.
   - RHAs and CancerCare Manitoba, and air ambulance carriers and stretcher services continued to establish policies and procedures in order to actively participate in and meet the legislative requirements for the reporting and management of critical incidents.
   - RHAs and other land ambulance operators, air ambulance operators and stretcher car services participated in inspections and implemented action plans to ensure compliance with standards.

6. A service delivery system that meets the needs of Manitobans.
   - Recommendations of the Emergency Care Task Force have been addressed and identified implementation plans completed, with only the Hospital Information System Project (HISP) remaining.
   - New Renal Health Centres are now open at the Gimli Community Health Centre and the Russell Health Centre. The Health Sciences Central Dialysis Unit has expanded with the addition of 10 new hemodialysis stations.
   - Funding was provided for a Brandon haemodialysis staff educator position. The Brandon Renal Program and the Manitoba Renal Program will collaborate to offer specialized training for all new Dialysis nurses in Western Manitoba including those in the Assiniboine and Parkland regions.
   - A Winnipeg RHA team of hospital-based Organ Donation Specialists, the first of its kind in Canada, was funded. This dedicated group of physicians with medical expertise in organ donation will work with hospitals, medical staff and medical students to increase the rate of organ donation to an overall donation rate of twenty percent (20%).
   - Renovations to the Westman Laboratory were completed and the facility re-opened on February 10, 2011. This state of the art facility includes the latest technology for diagnostic testing and exceeds the existing national standards. It will assist in meeting the growing needs for medical testing requirements in rural Manitoba.
   - The construction was completed on the Western Manitoba Cancer Centre (WMCC), the first facility to provide radiation therapy to residents of southern Manitoba. The facility will provide radiation and chemotherapy treatment, outpatient care and support services for the emotional, social and spiritual health of patients and their families. Leading edge information technology at the WMCC will allow the Brandon staff to connect with CCMB in Winnipeg to consult on treatment options and to access education and training without having to travel to Winnipeg.
   - The Manitoba eHealth and DSM on the eChart Manitoba project continue to work on developing and implementing a sustainable solution for electronic laboratory results delivery from the Laboratory Information Systems managed by DSM. This sharing of information between points of care is a key success factor in improving the coordination of care in Manitoba.
   - Completed widespread consultation with regional health authorities and stakeholders regarding the proposed key features and services of Primary Care Networks.
   - In collaboration with RHAs and other external stakeholders, Manitoba Health completed its second full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth.
   - Manitoba Health continued its strategic planning process that included validation with RHAs, individuals with mental health problems and illnesses, family members and other stakeholders of the draft Mental Health Strategic Plan that will guide service system and policy planning over the next 5 years.
   - Manitoba Health undertook consultation with RHAs and other key partners to inform the development of a spiritual health care strategic plan which is currently under development.

7. Health authorities are compliant with provincial legislation, Manitoba Health policies, standards, reporting requirements and guidelines of core health services.
   - RHAs participated in personal care home standards visits and the development of action plans to ensure that all the standards are ultimately met.
   - RHAs, CCMB and DSM completed the annual Accountability Monitoring process confirming compliance with various provincial requirements.
   - Manitoba Health received completed annual monitoring form from the RHAs which tracks progress on meeting the expectations of policy *HCS 200.1 - Board Governance and Accountability and other requirements*.
   - Manitoba Health, with health authority engagement, developed a companion document to *"Achieving Health System Accountability 2009 – Getting There Together"* which is a practical guide to the Accountability Framework. It is anticipated the final version will be available to Manitoba Health and health authorities in 2011.
   - Regional health authority annual reports are required under *The Regional Health Authorities Act*. Manitoba Health received the 2009-2010 annual reports for all health authorities.

- The Manitoba Quality Assurance Program, in partnership with the College of American Pathologists (CAP), accredited DSM's Health Sciences Centre (HSC) and St. Boniface General Hospital sited labs. The CAP Laboratory Accreditation Program is the most respected and recognized accreditation program in the world.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,070,478	2,062,336 *	8,142	1
Long Term Care Services	534,969	554,215	(19,246)	2
Home Care Services	294,976	279,866	15,110	2
Community and Mental Health Services	212,748	211,336	1,412	2
Emergency Response and Transport Services	64,341	62,180	2,161	2
Third Party Recoveries	(14,469)	(11,136)	(3,333)	3
Reciprocal Recoveries	(56,953)	(56,593)	(360)	
Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
Total Sub-Appropriation	**3,104,090**	**3,100,204**	**3,886**	

* includes enabling appropriation for Wait Time Initiatives

Explanation Number:

1. *Primarily due to price and volume increases, offset by under expenditures in Constructiun Programming - Interest*
2. *Primarily due to a net distribution of the 2010/11 funding within 21-7a.*
3. *Primarily due to higher Manitoba Public Insurance Corporation receipts.*

Provincial Health Services

Provincial Health Services is composed of the following:

Hospital – Out of Province

The objectives were:

- To provide payment to insured residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide inpatient and outpatient services to other Canadian residents.

The expected and actual results for 2010/11 included:

1. The portability of benefits under the *Canada Health Act* is upheld and fulfilled through inter-provincial reciprocal billing arrangements.
   - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To provide funding for Manitoba's share of the operating cost of the Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To provide funding for unique-to-Manitoba transfusion-related laboratory testing services by Canadian Blood Services.
- To ensure funding and distribution of adequate, safe and affordable fractionated and/or blood derivative products to Manitoba facilities, physicians and patients.
- To provide funding for Manitoba's commitment to the Multi-Provincial/Territorial Assistance Plan for financial compensation for Manitobans living with human immunodeficiency virus as a result of contact with the blood supply.

The expected and actual results for 2010/11 included:

1. Timely delivery of safe, reliable and affordable quality blood products and services to regional health authorities, facilities and physicians.
   - Provincial Blood Programs Coordination Office continues to work with Canadian Blood Services and other provinces and territories to ensure the continued availability of high quality of blood and blood products in a cost conscious manner.

2. Timely and accurate provision of financial assistance to Manitobans eligible for the MPTAP.
   - Provincial Blood Programs Coordination Office provided timely and accurate financial assistance to eligible Manitobans under the Multi-Provincial Territorial Assistance Plan.

3. Timely and accurate response to inquiries regarding issues related to the blood system.
   - Provincial Blood Programs Coordination Office provided timely and accurate information to external and internal stakeholders.

Federal Hospitals

The objectives were:

- To provide funding for service in two federal hospitals and 24 federal nursing stations

The expected and actual result for 2010/11 included:

1. Two federal hospitals and 24 federal nursing stations are funded for services provided.

Prosthetic and Orthotic Devices

The objectives were:

- To manage and administer payment of benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

The expected and actual result for 2010/11 included:

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.
   - The Prosthetic and Orthotic Expert Advisory Committee continued to provide advice and recommendations to the Minister of Health on prosthetic and orthotic program benefits and program administration and utilization.
   - Financial assistance for the purchase of assistive devices was provided to 39,814 eligible Manitobans at a total cost of $13.5 million (unaudited).

Healthy Communities Development

The objectives were:

- To refocus health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion, and to bridge the transitions through the Healthy Communities Development Fund.

The expected and actual result for 2010/11 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
   - Investments in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be Physician Integrated Network project, Aboriginal Health Transition Fund and the Manitoba Patient Access Network

Nursing Recruitment and Retention Initiative

The objectives were:

- To attract and retain Registered Nurses, Registered Psychiatric Nurses, and Licensed Practical Nurses to Manitoba through relocation assistance, grants, financial incentives and other strategies.

The expected and actual results for 2010/11 included:

1. Improved supply of nurses in Manitoba and increased interest in Nursing as a profession through incentive programs and marketing strategies as follows:
   - As of March 31, 2011, the Nurse Recruitment and Retention Fund (NRRF) has provided relocation assistance to a total of 1,429 individuals who have moved to Manitoba to work as nurses since 1999.
   - The Conditional Grant Program has provided a total of 579 grants as of March 31, 2011 to fill rural and northern vacancies since its establishment in July 2004.
   - The Personal Care Home Grant, which began January 1, 2008, can be received in conjunction with other financial assistance from the NRRF, such as conditional grants and relocation assistance. As of March 31, 2011, a total of 223 vacancies in Personal Care Homes have been filled since January 2008.
   - In January 2009, the NRRF commenced a $2,000 grant to assist Internationally Educated Nurses (IEN) with the costs associated of taking the registered nurse bridging program at Red River College. As of March 31, 2011, 75 IENs have received assistance with the IEN Grant.
   - As of the 2010/11 fiscal year, the NRRF has allocated more than $12.1 million since 1999 to the regional health authorities to support continuing education for nurses. The NRRF has also allocated "one-time" funding of more than $2.5 million as of the 2010/11 fiscal year to support a range of specialty nursing programs and projects within the province.

- Since 1999, Refresher Program Funding has been allocated to individuals striving to re-enter the nursing workforce, contingent upon the completion of an approved refresher program. Financial assistance for up to 80% of course costs (up to a maximum of $2,000) per individual is available to complete approved nursing refresher programs. As of March 31, 2011, over $760,000 has been directed to support nurses re-entering the nursing profession.

Physician Resource Coordination Office

The objectives were:

- To support a balanced, effective, and efficient physician recruitment strategy in Manitoba that recognizes the needs of the province as well as the needs of individual RHAs.

The expected and actual results for 2010/11 included:

1. Improve the co-ordination of recruitment and retention activities in Manitoba.
   - Continued to maintain and strengthen structures put in place that promote regular, frequent and inclusive communication between the Physician Resource Coordination Office (PRCO), regional health authorities, the Office of Rural and Northern Health, the University of Manitoba, Faculty of Medicine, the College of Physicians and Surgeons of Manitoba CPSM), medical students and other community stakeholders (including the Association of Manitoba Municipalities and private employers).

2. Implementation/facilitation of solutions identified by stakeholders that will contribute to addressing identified systemic barriers to recruitment and retention of physicians.
   - Launched the Physician Recruitment and Retention Strategy in August of 2009, informed by the collaborative work among stakeholders resulting in an action based plan including:
     - Broadening of the eligibility criteria for the Provincial Specialist Recruitment Fund (PSRF). Since 2001, 341physicians have received grants through the Fund for a total of $5,073,050 to date;
     - Implementation of the Physician Resettlement Fund, targeted to both family practitioners and specialists. Since its inception in 2009, the Fund has provided 52 grants, including 34 that went to physicians that moved to Manitoba from other jurisdictions, including Alberta, Ontario, British Columbia, and the United States;
     - Implementation of the Physician Relief Fund, to provide provider relief to physicians in rural/northern Manitoba. A team of alternate care providers, including a physician assistant, nurse practitioner and a midwife, will deliver service in rural communities on an itinerant basis to allow physicians to leave the community for a short period of time, such as taking continuing professional development training;
     - Facilitating the introduction of the first graduates of the University of Manitoba Physician Assistant Education Program into the Manitoba Health system. The PRCO is currently coordinating the introduction of the class of 2011 into expanded locations across Manitoba. Grants of $4,000 are now available for new graduates that agree to return service in a rural/northern community upon graduation.
     - Re-launching the Medical Student/Resident Financial Assistance Program to provide eligible medical undergraduates $12,000 in funding in each of their four years of medical school. Each grant requires a commitment to return six months of service to under-serviced populations upon graduation. The new program will be available to medical students beginning in the fall of 2011;
     - Implementation of grants to support students in the Northern Remote Family Medicine Residency Stream (NRFMRS), formerly the NRPPI. The NRFMRS encourages physicians to practice in northern Manitoba (after training applicants must return service of 2+ years in rural/remote Manitoba, and upon completion of return of service are guaranteed consideration for a specialty residency position in Manitoba).
     - Coordinating the sharing of information between rural communities, municipal leaders and regions in the form of a guide on best practices to support their roles in recruitment and retention of physicians - Physician Recruitment and Retention in Manitoba, Best Practices;

- Establishment of the repatriation coordinator role to support Manitobans/Canadians studying abroad to repatriate back to Manitoba. The coordinator chairs a repatriation working group, with representation from the University of Manitoba, the Office of Rural and Northern Health, the College of Physicians and Surgeons of Manitoba, Vice President Medical and the PRCO. The working group is currently engaged in discussions regarding potential pathways to streamline the process for Manitoba medical students, residents and physicians studying or working abroad to return to Manitoba for training and practice opportunities;
- Continued improvement in the transparency and consistency of licensure processes related to international medical graduates (IMGs). Through the feedback of regional stakeholders, there is now an integrated process through the University of Manitoba, Faculty of Medicine for screening and assessing IMGs. The improvements will ensure that the strongest candidates are identified and supported to successfully transition to practise in Manitoba. The PRCO has also concluded stakeholder discussions on improvements to the Non-Registered Specialist Assessment Program, which will be implemented throughout 2011.

- Supporting and collaborating with the Office of Rural and Northern Health on their action plan to increase the recruitment of rural students into medicine through exposure to rural practice.
- The PRCO continues to work through the stakeholder network to identify further efforts in order to effectively target physician recruitment and retention. The College of Physicians and Surgeons of Manitoba Annual Report notes an increase in the number of physicians in Manitoba, from 2,382 in 2009 to 2,442 in 2010 demonstrating continued improvement in the recruitment of physicians.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	46,131	45,319	812	
Blood Transfusion Services	56,763	60,588	(3,825)	1
Federal Hospitals	2,045	2,507	(462)	2
Prosthetic and Orthotic Devices	13,478	14,308	(830)	
Healthy Communities Development	8,601	6,251	2,350	3
Nursing Recruitment and Retention Initiatives	1,953	2,180	(227)	
Total Sub-Appropriation	**128,971**	**131,153**	**(2,182)**	

Explanation Number:

1. Primarily due to a price decrease, a net distribution of the 2010/11 funding within 21.7.

2. Primarily due to price and volume decreases.

3. Primarily due to expenditures for the Aboriginal Health Transition fund, offset by delays in projects.

Medical

The Medical Program provides payment to physicians, optometrists, chiropractors, licensed dentists, certified oral surgeons and maxillofacial surgeons. Payment is generally made on a fee-for-service basis in accordance with a Schedule of Benefits, which reflects agreements negotiated between Manitoba Health and the various professional associations.

The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba.

The expected and actual results for 2010/11 included:

1. Claims will be processed and paid in accordance with *The Health Service Insurance Act* and in accordance with existing collective agreements for insured services rendered by medical practitioners, optometrists, chiropractors and dental surgeons.
   - 11.4 million claims for approximately 22.3 million services were processed and paid to medical practitioners, optometrists, chiropractors, registered nurses extended practice and dental surgeons.
   - 20.9 million physician services, 364,791 optometric services, 949,313 chiropractic services, 5,476 oral surgery services, and 47,438 registered nurse extended practice services were paid.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	920,890	907,247	13,643	1
Other Professionals	21,868	19,559	2,309	1
Out of Province Physicians	26,074	24,972	1,102	
Other	17,683	21,319	(3,636)	2
Third Party Recoveries	(8,330)	(6,478)	(1,852)	3
Reciprocal Recoveries	(15,070)	(12,714)	(2,356)	4
Total Sub-Appropriation	**963,115**	**953,905**	**9,210**	

Explanation Number:

1. Primarily due to price and volume increases.

2. Primarily due to price and volume decreases, and increases in grant repayments.

3. Primarily due to higher Manitoba Public Insurance Corporation receipts.

4. Higher number and average cost per claim.

Pharmacare

Pharmacare is an income-based drug benefit program that helps protect Manitobans from high drug costs and provides 100% financial assistance for eligible prescription drugs once a preset deductible is met. Pharmacare has no enrollment fees, maximum benefit payments, co-payments, premiums or age restrictions.

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and Regulations and *The Pharmaceutical Act* and Regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2010/11 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
    - The average Pharmacare benefit per family for 2010/11 increased $143.42 or 5.0% to $3,020.77 (unaudited) from $2,877.35 for 2009/10.
    - Deductible rates in 2010/11 ranged from a minimum of $100 or 2.73% to a maximum of 6.17% for incomes greater than $75,000. Total family income is reduced by $3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	240,384	237,675	2,709	1
Total Sub-Appropriation	**240,384**	**237,675**	**2,709**	

Explanation Number:

1. Primarily due to price increases

Capital Funding

Provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

The objectives were:

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by Manitoba Health, in accordance with the Manitoba Health Capital Plan, for regional health authorities, Diagnostic Services of Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

The expected and actual results for 2010/11 included:

1. Increase in principal repayments for approved borrowings in this fiscal year for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system in accordance with the Manitoba Health Capital Plan as projects are completed.
   - 2010-2011 principal payments were expected to increase by $9,349,000 from 2009-2010. The actual 2010-2011 principal payments increase is $5,805,836 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.

2. Decrease in principal repayments as the result of approved borrowings being fully repaid.
   - The expected and actual 2010-2011 principal payments decrease was $1,411,440 as the result of approved borrowings for approved capital projects being fully repaid.

3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
   - The expected outright payments in 2010/2011 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were $10,517,000. Actual outright payments for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB are $9,161,000.

4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the Manitoba Health Capital Plan.
   - Total outright payments to RHAs, DSM and CCMB for 2010/2011 for approved capital projects were expected to be $7,850,000. Actual outright payments to RHAs, DSM and CCMB for 2010/2011 for approved capital projects are $5,704,000.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	55,122	59,045	(3,923)	1
Long Term Care	13,933	14,980	(1,047)	1
Community and Mental Health Services	3,105	2,780	325	1
Total Sub-Appropriation	**72,160**	**76,805**	**(4,645)**	

Explanation Number:

1. Projects not completed as planned.

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	6,608	7,755	(1,147)	1
Long Term Care	2,552	2,762	(210)	
Total Sub-Appropriation	**9,160**	**10,517**	**(1,357)**	

Explanation Number:

1. Lower basic equipment funding

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	4,770	5,450	(680)	1
Long Term Care	935	2,400	(1,465)	1
Total Sub-Appropriation	**5,705**	**7,850**	**(2,145)**	

Explanation Number:

1. Lower safety and security project expenditures.

Costs Related to Capital Assets

Provides for the amortization of capital assets and for interest expenses related to capital investment borrowing.

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2010/11 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - Amortization of the costs of assets over the useful life of the asset was done in accordance with pre-established timelines.

2. The payment of interest expense on capital investment borrowing.
   - The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines.

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2010/11 $(000's)	Estimate 2010/11 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Amortization Expense	4,004	4,306	(302)	
Interest Expense	771	2,820	(2,049)	1
Total Sub-Appropriation	**4,775**	**7,126**	**(2,351)**	

Explanation Number:

1. Primarily due to volume decreases.

Capital Investment

The objectives were:

- To ensure Health's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The expected and actual results for 2010/11 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
   - The Cadham Provincial Laboratory (CPL) LIMS projects began in 2008/09 and was completed on March 2011. The benefits to CPL will be in operational efficiencies gained by better utilization of existing staff resources. The long term benefits will be improved daily service delivery, outbreak response, program planning and evaluation, and policy analysis.

2. Provision of technology solutions that address health priorities.
   - Capital Projects related to technology solutions were deferred to 2011/12.

3. Upgraded medical equipment.
   - Manitoba Health acquired new medical equipment to replace obsolete equipment and improve efficiency for Cadham Provincial Laboratory and Selkirk Mental Health Centre.

Financial Report Summary Information Part 1

Manitoba Health
Reconciliation Statement
April 1, 2010 – March 31, 2011

DETAILS	2010/11 ESTIMATES ($000s)
2010/11 Main Estimates:	4,652,818
Allocation of Funds from: Enabling Appropriations	25,000
2010/11 Estimates:	**4,677,818**

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-1	**Administration, Finance and Accountability**				
37	21 1a	Minister's Salary	36	45	(9)	
	21-1b	Executive Support				
1,013		1 Salaries and Employee Benefits	1,155	1,114	41	
164		2 Other Expenditures	129	124	5	
	21-1c	Finance				
5,808		1 Salaries and Employee Benefits	5,853	5,857	(4)	
1,491		2 Other Expenditures	1,392	1,268	124	
	21-1d	Central Services				
1,366		1 Salaries and Employee Benefits	1,252	1,314	(62)	
148		2 Other Expenditures	203	155	48	
488		3 External Agencies	403	382	21	
10,515		**Total Appropriation 21-1**	**10,423**	**10,259**	**164**	
	21-2	**Corporate and Provincial Program Support**				
	21-2a	Administration				
232		1 Salaries and Employee Benefits	224	246	(22)	
53		2 Other Expenditures	78	55	23	
	21-2b	Information Systems				
4,326		1 Salaries and Employee Benefits	4,165	4,418	(253)	
956		2 Other Expenditures	644	682	(38)	
5,140		3 Provincial Program Support Cost	4,828	4,862	(34)	
	21-2c	Provincial Drug Programs				
2,364		1 Salaries and Employee Benefits	2,075	2,364	(289)	
524		2 Other Expenditures	557	496	61	
	21-2d	Corporate Services				
1,250		1 Salaries and Employee Benefits	1,350	1,292	58	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
742		2 Other Expenditures	632	674	(42)	
253		3 External Agencies	253	253	-	
	21-2e	Capital Planning				
874		1 Salaries and Employee Benefits	614	564	50	
207		2 Other Expenditures	165	148	17	
	21-2f	Drug Management Policy Unit				
646		1 Salaries and Employee Benefits	732	648	84	
178		2 Other Expenditures	1,128	634	494	
95		3 External Agencies	95	95	-	
	21-2g	Manitoba Centre for Health Policy				
2,200		1 Other Expenditures	2,200	2,200	-	
20,040		**Total Appropriation 21-2**	**19,740**	**19,631**	**109**	
	21-3	**Health Workforce**				
	21-3a	Insured Benefits				
5,757		1 Salaries and Employee Benefits	5,449	5,642	(193)	
2,057		2 Other Expenditures	2,296	2,216	80	
	21-3b	Medical Labour Relations				
930		1 Salaries and Employee Benefits	946	882	64	
386		2 Other Expenditures	228	265	(37)	
1,145		3 External Agencies	645	1,097	(452)	
	21-3c	Workforce Policy and Planning				
907 *		1 Salaries and Employee Benefits	855	935	(80)	
125 *		2 Other Expenditures	132	160	(28)	
11,307		**Total Appropriation 21-3**	**10,551**	**11,197**	**(646)**	

* includes enabling appropriation for Wait Time Initiatives

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4	**Primary Health Care**				
	21-4a	Administration				
779		1 Salaries and Employee Benefits	672	655	17	
222		2 Other Expenditures	339	290	49	
2,285		3 Program Delivery	658	220	438	
	21-4b	Chief Provincial Psychiatrist				
382		1 Salaries and Employee Benefits	465	442	23	
60		2 Other Expenditures	44	36	8	
	21-4c	Selkirk Mental Health Centre				
31,943		1 Salaries and Employee Benefits	33,825	31,852	1,973	
5,146		2 Other Expenditures	4,611	4,793	(182)	
	21-4d	Aboriginal Health				
375		1 Salaries and Employee Benefits	174	278	(104)	
184		2 Other Expenditures	177	180	(3)	
	21-4e	Chronic Disease				
618		1 Salaries and Employee Benefits	626	718	(92)	
966		2 Other Expenditures	642	1,308	(666)	
10		3 External Agencies	-	10	(10)	
	21-4f	Primary Care				
400		1 Salaries and Employee Benefits	425	187	238	
500		2 Other Expenditures	517	286	231	
171		3 External Agencies	170	170	-	
	21-4g	Northern Nursing Stations				
2,401		1 Salaries and Employee Benefits	1,891	2,411	(520)	
1,849		2 Other Expenditures	3,035	2,574	461	
	21-4h	Mental Health and Spiritual health				
675		1 Salaries and Employee Benefits	671	662	9	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
911		2 Other Expenditures	888	1,206	(318)	
2,204		3 External Agencies	2,198	2,199	(1)	
52,081		**Total Appropriation 21-4**	**52,028**	**50,477**	**1,551**	
	21-5	**Regional Affairs**				
	21-5a	Administration				
302		1 Salaries and Employee Benefits	301	319	(18)	
57		2 Other Expenditures	75	86	(11)	
	21-5b	Emergency Medical Services				
1,221		1 Salaries and Employee Benefits	1,352	1,295	57	
5,342		2 Other Expenditures	4,899	5,076	(177)	
23		3 External Agencies	14	19	(5)	
	21-5c	Disaster Management				
361		1 Salaries and Employee Benefits	527	418	109	
65		2 Other Expenditures	129	100	29	
	21-5d	Urban Regional Support				
2,397 *		1 Salaries and Employee Benefits	2,395	2,190	205	
778 *		2 Other Expenditures	623	528	95	
725		3 External Agencies	724	725	(1)	
	21-5e	Northern and Rural Support				
744		1 Salaries and Employee Benefits	649	649	-	
205		2 Other Expenditures	163	176	(13)	
12,220		**Total Appropriation 21-5**	**11,851**	**11,581**	**270**	

* includes enabling appropriation for Wait List Initiatives

	21-6	**Public Health**				
	21-6a	Provincial Public Health Office				
10,725		1 Salaries and Employee Benefits	9,796	9,368	428	

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
6,035		2 Other Expenditures	4,521	5,190	(669)	
15,420		3 Vaccines	14,423	15,310	(887)	
102		4 External Agencies	48	77	(29)	
	21-6b	Cadham Provincial Laboratory Services				
6,992		1 Salaries and Employee Benefits	7,408	7,307	101	
6,769		2 Other Expenditures	6,827	6,660	167	
	21-6c	Provincial Blood Programs Office				
316		1 Salaries and Employee Benefits	365	354	11	
61		2 Other Expenditures	103	84	19	
46,420		**Total Appropriation 21-6**	**43,491**	**44,350**	**(859)**	
	21-7	**Health Services Insurance Fund**				
	21-7a	Funding to Health Authorities				
2,062,336 *		Acute Care Services	2,070,478	1,986,515	83,963	1
554,215		Long Term Care Services	534,969	524,487	10,482	2
279,866		Home Care Services	294,976	286,504	8,472	2
211,336		Community and Mental Health Services	212,748	207,771	4,977	2
82,180		Emergency Response and Transport Services	64,341	55,937	8,404	2
(11,136)		Third Party Recoveries	(14,469)	(10,106)	(4,363)	3
(56,593)		Reciprocal Recoveries	(56,953)	(58,252)	1,299	4
(2,000)		Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	21-7b	Provincial Health Services				
45,319		Out of Province	46,131	41,110	5,021	5
60,588		Blood Transfusion Services	56,763	51,523	5,240	5
2,507		Federal Hospitals	2,045	1,913	132	
14,308		Prosthetic and Orthotic Devices	13,478	14,360	(882)	
6,251		Healthy Communities Development	8,601	7,523	1,078	
2,180		Nursing Recruitment and Retention Initiatives	1,953	4,557	(2,604)	4

Manitoba Health

Expenditure Summary

for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7c	Medical				
907,247		Physician Services	920,890	843,081	77,809	5
19,559		Other Professionals	21,868	19,313	2,555	6
24,972		Out of Province Physicians	26,074	25,454	620	
21,319		Other	17,683	17,287	396	
(6,478)		Third Party Recoveries	(8,330)	(4,919)	(3,411)	3
(12,714)		Reciprocal Recoveries	(15,070)	(14,273)	(797)	
	21-7d	Pharmacare				
237,675		Other Expenditures	240,384	234,741	5,643	5
4,422,937		**Total Appropriation 21-7**	**4,436,560**	**4,232,526**	**204,034**	

* includes enabling appropriation for Wait List Initiatives

Explanation Number:

1. *Primarily due to increases in base line funding to the RHAs, wage increases per approved mandates, and other price and volume increases.*
2. *Primarily due to increases in base line funding to the RHAs.*
3. *Primarily due to price increases.*
4. *Primarily due to volume decreases.*
5. *Primarily due to price and volume increases.*
6. *Primarily due to volume increases.*

Manitoba Health
Expenditure Summary
for fiscal year ended March 31, 2011

Estimate 2010/11 $(000s)		Appropriation	Actual (1) 2010/11 $(000s)	Actual (2) 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8	**Capital Funding**				
	21-8a	Principal Repayments				
59,045		1 Acute Care	55,122	51,665	3,457	1
14,980		2 Long Term Care	13,933	13,802	131	
2,780		3 Community and Mental Health Services	3,105	2,299	806	
	21-8b	Equipment Purchases and Replacements				
7,755		1 Acute Care	6,608	12,184	(5,576)	2
2,762		2 Long Term Care	2,552	-	2,552	
	21-8c	Other Capital				
5,450		1 Acute Care	4,770	3,731	1,039	
2,400		2 Long Term Care	935	2,189	(1,254)	
95,172		**Total Appropriation 21-8**	**87,025**	**85,870**	**1,155**	

Explanation Number:
1. Primarily due to increases in debt servicing.
2. Primarily due to decrease in basic equipment funding.

	21-9	**Costs Related to Capital Assets**				
4,306	21-9a	Amortization Expense	4,004	3,736	268	
2,820	21-9b	Interest Expense	771	887	(116)	
7,126		**Total Appropriation 21-9**	**4,775**	**4,623**	**152**	
4,677,818		**Total Appropriation 21**	**4,676,444**	**4,470,514**	**205,930**	

Footnotes:
(1) Actuals for 2010/11 are based on year-end expenditure analysis report dated June 3, 2011.
(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2011.

Manitoba Health
Revenue Summary by Source
for fiscal year ended March 31, 2011

Actual [1] 2010/11 $(000s)	Actual [2] 2009/10 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual [1] 2010/11 $(000s)	Estimate 2010/11 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
2,748	3,308	(560)	1	a) Aboriginal Health Transition Fund	2,748	-	2,748	3
-	1,501	(1,501)	2	b) Bridging General and Specialist Care	-	2,459	(2,459)	2
9,052	9,049	3		c) Patient Wait Times Guarantee	9,052	9,038	14	
11,800	**13,858**	**(2,058)**		**Sub-Total Health Funds**	**11,800**	**11,497**	**303**	
2,316	2,316	-		d) Labour Market Agreements for People with Disabilities	2,316	2,316	-	
2,316	**2,316**	**-**		**Sub-Total Other Agreements**	**2,316**	**2,316**	**-**	
				2. Other Revenue:				
5,203	6,213	(1,010)	4	a) Sundry	5,203	5,571	(368)	4
19,319	**22,387**	**(3,068)**		**Total Revenue**	**19,319**	**19,384**	**(65)**	

Explanation Number:

1. Project completed in 2010/11
2. Funding ended in 2009/10
3. Funding extended in 2010/11
4. Primarily due to volume increase in revenues for Cadham Lab, Residential Charges at SMHC, and Lifeflight in 2010/11

Footnotes:

(1) Actuals for 2010/11 are based on year-end expenditure analysis report dated June 3, 2011

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2011

Manitoba Health
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2007 to March 31, 2011

Appropriation	2006/07 [2] FTE	2006/07 [2] $(000s)	2007/08 [2] FTE	2007/08 [2] $(000s)	2008/09 [2] FTE	2008/09 [2] $(000s)	2009/10 [2] FTE	2009/10 [2] $(000s)	2010/11 [1] FTE	2010/11 [1] $(000s)
21-1 Administration, Finance and Accountability	120.73	9,210	119.73	9,345	121.23	9,797	121.73	10,259	121.73	10,423
21-2 Corporate and Provincial Program Support	140.90	17,132	141.90	17,677	144.90	18,790	143.90	19,631	143.90	19,740
21-3 Health Workforce	137.29	10,251	137.29	11,201	137.29	11,687	136.29	11,197	136.29	10,551
21-4 PrimaryHealth Care	458.83	41,891	461.83	46,412	521.53	44,333	530.53	50,477	530.53	52,028
21-5 Regional Affairs	61.12	10,957	63.12	10,603	67.12	11,147	66.62	11,581	66.62	11,851
21-6 Public Health	180.23	34,750	181.23	37,083	192.23	44,126	193.23	44,350	193.23	43,491
21-7 Health Services Insurance Fund		3,431,715		3,678,150		3,991,875		4,232,526		4,436,560
21-8 Capital Funding		93,873		93,055		102,373		85,870		87,024
21-9 Costs Related to Capital Assets		3,770		3,970		4,148		4,623		4,775
Total Departmental Expenditures	1,099.10	3,653,549	1,105.10	3,907,496	1,184.30	4,238,278	1,192.30	4,470,514	1,192.30	4,676,443

Footnotes:

(1) Actuals for 2010/11 are based on year-end expenditure analysis report dated June 3, 2011.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2011.

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary

for years ending March 31, 2007 - March 31, 2011 [1]

Program	2006/07 $(000s)	2007/08 $(000s)	2008/09 $(000s)	2009/10 $(000s)	2010/11 $(000s)
Health Authorities and Facilities [2]	2,482,726	2,682,199	2,913,132	3,075,554	3,191,115
Medical [3]	732,320	758,849	825,861	885,943	963,115
Provincial Programs [4]	99,310	105,770	126,035	120,997	128,971
Pharmacare	213,740	224,924	229,257	234,741	240,384
Total	**3,528,096**	**3,771,742**	**4,094,285**	**4,317,235**	**4,523,585**

Footnotes:

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2011.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Summary of Estimates
April 1, 2010 – March 31, 2011

DETAILS	2010/11 ESTIMATES ($000s)
2010/11 Main Estimates:	
Funding to Health Authorities	3,100,204
Provincial Health Services	131,153
Medical	953,905
Pharmacare	237,675
Capital Grants	95,172
2010/11 Estimates:	**4,518,109**

For the year ended March 31, 2011, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totaled $4,518,109 for planned expenses. During the year, Supplementary Funding of $44,060 was approved, bringing the total to $4,562,169.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying financial statements of Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2011, and the statements of operations and net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Plan as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Office of the Auditor General

Office of the Auditor General
July 28, 2011
Winnipeg, Manitoba

500 – 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

MANAGEMENT REPORT

Management of Manitoba Health is responsible to the Minister of Health for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2011 have been prepared in accordance with accounting principles consistent with prior years. Included in this year's financial statement is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*.

Manitoba Health maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, an internal audit program and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities. Staff of the Office of the Auditor General review internal controls and report their findings annually to management and to the Minister of Health.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly stated in accordance with the accounting policies stated in the financial statements. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

Original signed by

Milton Sussman
Deputy Minister of Health

Original signed by

Karen Herd, CA
Chief Financial Officer and
Assistant Deputy Minister

Winnipeg, Manitoba
July 11, 2011

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Financial Position
As At March 31, 2011
(in thousands of dollars)

	2011	2010
Assets		
Current		
Cash	**$ 29,479**	$ 14,660
Funds on deposit with the Province of Manitoba	**408,336**	262,501
Accounts receivable (Note 3)	**81,118**	138,795
Due from the Province of Manitoba - vacation pay (Note 4)	**121,663**	121,663
	640,596	537,619
Due from the Province of Manitoba - post employment benefits (Note 4)	**128,177**	128,177
	$ 768,773	$ 665,796
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities (Note 5)	**518,933**	415,956
Accrued vacation pay (Note 4)	**121,663**	121,663
	640,596	537,619
Post employment benefits payable (Note 4)	**128,177**	128,177
Net Assets	**-**	-
	$ 768,773	$ 665,796

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Operations and Net Assets
For the Year Ended March 31, 2011
(in thousands of dollars)

	2011	2010
Revenue		
Grants from the Province of Manitoba (Note 8)	$ 4,402,906	$ 4,204,365
Inter-provincial reciprocal recoveries - Hospital	56,953	58,252
Inter-provincial reciprocal recoveries - Medical	15,070	14,273
Third party recoveries	22,669	14,973
Miscellaneous	2,130	2,052
	4,499,728	4,293,915
Expenses		
Health Authorities and Facilities (Note 6)	3,143,858	3,033,043
Medical (Notes 6,10)	986,515	905,135
Provincial programs	128,971	120,997
Pharmacare	240,384	234,740
	4,499,728	4,293,915
Excess (deficiency) of revenue over expenses	-	-
Net Assets, beginning of year	-	-
Net Assets, end of year	$ -	$ -

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2011
(amounts in thousands of dollars)

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of *The Health Services Insurance Act*. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP) for not-for-profit entities.

b. Revenue Recognition

Revenue is recognized as funds are drawn from Province of Manitoba appropriations.

c. Capital Management

The Plan's objective when managing capital is to maintain sufficient capital to cover its costs of operations. The Plan's capital consists of net assets.

The Plan's capital management policy is to

- Maintain sufficient capital to meet its objectives through its net assets by managing transfers of surplus funds to the Province of Manitoba,
- Meet short-term capital needs with working capital advances from the Province of Manitoba.

The Plan is not subject to externally imposed capital requirements.

There were no changes in the Plan's approach to capital management during the period.

d. Financial Instruments

Financial assets and liabilities are initially recorded at fair value. Measurement in subsequent periods depends on the financial instrument's classification. Financial instruments are classified into one of the following five categories: held for trading; available for sale; held to maturity; loans and receivables; and other financial liabilities. All financial instruments classified as held for trading or available for sale are subsequently measured at fair value with any change in fair value recorded in net earnings and net assets, respectively. All other financial instruments are subsequently measured at amortized cost.

The Plan has designated its financial instruments as follows:

Cash and funds on deposit are classified as financial assets held for trading and are measured at fair value with gains and losses recognized in the statement of operations and net assets for the current period.

Accounts receivable, and the amounts due from the Province of Manitoba, are classified as loans and receivables. These financial assets are recorded at their amortized cost using the effective interest rate method with gains and losses recognized in the statement of operations and net assets in the period the gain or loss occurs.

Accounts payable and accrued liabilities, and accrued vacation pay are classified as other financial liabilities. These financial liabilities are recorded at their amortized cost using the effective interest rate method with gains and losses recognized in the statement of operations and net assets in the period the gain or loss occurs.

The Plan has continued to apply section 3861, Financial Instruments – Disclosures and Presentation in place of Sections 3862 and 3863.

Unless otherwise noted, it is management's opinion that the Plan is not exposed to significant interest, currency or credit risk arising from these financial instruments.

Fair value of financial instruments
The fair value of accounts receivable due from the Province of Manitoba – vacation pay, accounts payable and accrued liabilities, and accrued vacation pay, approximates their carrying values due to their short-term maturity.

The carrying value of the due from the Province of Manitoba – post employment receivable approximates its fair value, as the annual interest accretion is funded.

e. Use of Estimates
The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

f. Administrative and Operating Expenses
The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

g. Statement of Cash Flows
These financial statements do not include a Statement of Cash Flows. In the opinion of management, the Statement of Cash Flows does not provide additional disclosure.

h. New Accounting Pronouncement
The CICA's Public Sector Accounting Board announced that other government organization (OGOs) will adopt public sector accounting (PSA) standards effective for fiscal year beginning on or after January 1, 2011. The transition date for the Plan of April, 2011 will require the restatement of the March 31, 2011 figures in the March 31, 2012 financial statements. Although PSA standards use a conceptual framework consistent with the current basis of financial reporting, some differences in accounting standards are expected. The Plan is currently assessing the impact of those differences.

3. Accounts Receivable

	2011	2010
Province of Manitoba	**$0**	$63,904
Other Provinces and Territories	**24,721**	29,351
Other	**56,397**	45,540
	$81,118	$138,795

4. Employee Benefits

The Plan revised in 2005its funding arrangements related to vacation pay and post-employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the regional health authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now

provided as vacation pay and post-employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post-employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004, because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post-employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post-employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2011	2010
Health Authorities and Facilities	**$348,562**	$294,001
Medical Service Claims	**117,590**	98,769
Pharmacare Claims	**12,087**	6,281
Province of Manitoba	**21,955**	1,217
General	**18,739**	15,688
	$518,933	$415,956

6. Regional Health Authorities

The following table summarizes payments to the Health Authorities. These payments are included in the financial statements in the expense categories of Health Authorities and Facilities and Medical.

Regional Health Authority	2011			2010
	Facilities	Medical	Total	Total
Winnipeg	**$2,027,602**	**$167,863**	**$2,195,465**	$2,021,361
Brandon	**167,538**	**10,941**	**178,479**	182,665
North Eastman	**45,414**	**3,448**	**48,862**	50,085
South Eastman	**78,577**	**5,420**	**83,997**	79,383
Interlake	**103,422**	**8,355**	**111,777**	101,718
Central	**174,340**	**16,513**	**190,853**	177,568
Assiniboine	**142,144**	**11,308**	**153,452**	147,663
Parkland	**115,008**	**5,397**	**120,405**	114,028
NOR-MAN	**73,597**	**12,421**	**86,018**	74,367
Burntwood	**66,874**	**18,125**	**84,999**	78,389
Churchill	**11,384**	**-**	**11,384**	10,158
CancerCare	**86,635**	**14,339**	**100,974**	95,674
Total Payments	**$3,092,535**	**$274,130**	**$3,366,665**	$3,133,059

The expense category, Health Authorities and Facilities, in the Statement of Operations and Net Assets is comprised of the following:

	2011	2010
Health Authorities payments	**$3,092,535**	$2,849,081
Accruals and payments to facilities and third parties	**51,323**	183,962
Total Expenses	**$3,143,858**	$3,033,043

The expense category, Medical, in the Statement of Operations and Net assets is comprised of the following:

	2011	2010
Fee for Services Medical payments and accruals	**$692,040**	$603,546
Health Authorities payments	**274,130**	283,978
Optometric	**9,849**	7,050
Chiropractic	**10,496**	10,561
Total Expenses	**$986,515**	$905,135

7. Contingencies

The nature of the Plan's activities is such that there may be litigation pending or in progress at any time. With respect to claims at March 31, 2011, no provision has been made in the financial statements as the final outcome of the claims is not determinable at this time.

8. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

9. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

10. The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

11. Comparative Figures

Certain of the prior year's figures have been reclassified to conform to the current year's presentation.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITORS' REPORT

To The Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2011 ("the Schedule"). The Schedule has been prepared by management based on Section 2 of the Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule

Management is responsible for the preparation of the Schedule in accordance with Section 2 of the Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2011 is prepared, in all material respects, in accordance with Section 2 of the Public Sector Compensation Disclosure Act.

Basis of Accounting

Without modifying our opinion, we draw attention to the Basis of Accounting note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Section 2 of the Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.

Office of the Auditor General

Office of the Auditor General
July 28, 2011
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2011

Basis of Accounting

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott B B	$175,837	Akintola O	$81,554	Amadeo R J J	$352,942
Abbu G P	$98,873	Akra M A	$50,182	Amede K H	$369,076
Abdalla S E E	$172,791	Al Essawi T	$220,829	Anastasiades L	$126,585
Abdulrehman A S	$384,295	Al Gurashi F	$424,748	Anderson A	$125,883
Abell W R	$106,036	Al Hayek A	$78,899	Anderson B R	$314,867
Abidullah M [1]	$1,064,555	Al-Hinai S	$51,316	Anderson B	$161,063
Aboobaker S	$79,250	Al-Kaabi A	$115,785	Anderson D M	$200,763
Abu Shahma M	$112,892	Al-Shukri M N	$84,628	Anderson M	$125,090
Adam C J E	$131,613	Alazragh W A	$321,020	Anderson R A	$285,623
Adam-Sdrolias H L	$146,864	Albak R E	$313,253	Anderson S D	$70,406
Adams D W	$114,716	Aldor T A M	$68,051	Andrew C	$477,142
Adduri V R	$323,457	Alevizos I	$65,703	Anhalt Hicks C D	$727,378
Afifi T J	$398,313	Ali A M	$70,229	Anozie C B	$402,286
Agha Khani Y	$163,876	Ali A	$172,744	Ansar R	$258,480
Ahluwalia R S	$458,967	Ali M B	$434,052	Antonenko N E	$137,104
Ahmad E	$121,027	Ali T K	$202,066	Antonissen L A S	$178,302
Ahmad S N	$222,978	Ali Nejad S	$156,600	Anyadike I O	$394,647
Ahmed N	$131,948	Aljafari A	$299,712	Aoki F Y	$173,959
Ahmed S	$107,608	Allan D R [3]	$380,654	Aragola S	$421,902
Ahweng A	$261,770	Allan R R	$112,381	Araneda M C	$105,314
Aiken A	$111,027	Almalky A	$500,300	Armas Enriquez A T	$90,207
Ainley A	$84,260	Alnhisi K	$355,736	Armstrong B	$406,558
Ainslie M D	$206,198	Altman G N	$273,909	Armstrong S [3]	$1,451,022
Akena C	$403,680	Alto L E	$644,225	Arneja A S	$268,930

Arneja J	$459,126
Arnott P C	$367,699
Arrezaghi M	$238,380
Ashcroft R P	$197,546
Ashique A	$119,293
Ashton M	$56,834
Askar M	$272,241
Askarifar R	$233,074
Assaad H M A	$163,464
Asskar R	$675,197
Assuras G N	$386,838
Astorga M	$230,328
Atkinson R	$248,289
Atwal J	$273,633
Avery L	$72,645
Awad J	$346,470
Awadalla A	$884,648
Azer N	$317,072
Azzam H M	$98,579
Azzam L	$172,875
Babick T R	$526,861
Bacily M A	$403,599
Badenhorst F	$256,094
Badenhorst L	$53,790
Bagry H	$398,322
Bahrami T	$306,341
Baidwan S K	$155,320
Baillie C	$599,916
Baker C	$512,737
Balachandra B	$239,963
Balageorge D	$419,519
Balcha B	$94,696
Balhaj A	$55,074
Balko G	$305,131
Ball F	$247,453
Ballen J L	$92,599
Bani A	$68,689
Banmann D S	$250,520
Bansal R	$64,152
Barac I	$122,818
Barac S	$164,081
Barber L	$275,851
Barc J	$258,488
Bard R J	$271,031
Baria K	$179,494
Barker M F	$484,692
Barkman J M	$265,837
Barnes J G	$272,613
Barnes W R	$122,751
Baron C M	$320,101
Baron K	$423,519
Barron L W	$329,922
Barteaux B	$116,709
Bartlett L C	$210,225
Bashir B	$288,589
Basson A	$80,903
Basson H J	$384,800
Battad A B	$129,266
Bay T	$160,432
Baydock B	$112,730
Beaudette R M	$125,876
Becker A	$189,397
Becker M	$52,073
Beckstead J E	$152,351
Bedder P	$320,153
Bedi B	$58,820
Beldavs R A	$1,174,559
Belgasem M	$424,100
Bell D D	$99,790
Bellan L	$569,182
Bellas J	$245,249
Bellisario T	$141,917
Benade E	$325,967
Benning H S	$945,197
Benoit A	$199,358
Benshaban L	$274,720
Bereznay O	$357,601
Bergen J	$239,536
Bergman A D	$121,792
Bergman E	$174,948
Bermack B A	$421,696
Bernier M	$706,605
Bernstein C N	$376,394
Bernstein K [3]	$255,788
Beshara E I A	$232,950
Beshay N M S	$462,906
Beshay S	$226,475
Best R L	$430,006
Bhanot P	$188,613
Bhayana R K	$318,450
Bhayana R	$279,622
Bhayana V	$68,516
Biala B	$303,633
Bialy P C	$164,144
Billinkoff E N	$349,066
Bilos R J	$204,495
Birk P	$115,362
Birt D	$422,263
Bishay F S	$237,492
Bisson J	$71,048
Bissonnette A	$377,027
Black D R	$332,366
Black G B	$184,019
Blakley B W	$162,588
Blonde Y M	$176,547
Blouw R H	$290,029
Blydt-Hansen T D	$87,639
Blyth S	$304,454
Bock G	$283,017
Boguski G	$93,978
Bohemier J	$53,702
Bohm C J	$341,678
Bohm E R	$335,020
Bolton D R	$385,194
Bolton J M S	$132,923
Boman J	$242,372
Book B H	$81,417
Bookatz B J	$296,360
Booth F	$113,092
Booy H	$377,231
Borkowsky K	$81,089
Borley J	$90,827
Boroditsky A	$104,430
Boroditsky M L	$491,712
Boroditsky R S	$145,220
Borrett G F	$312,259
Borys A E	$293,009
Botha A	$166,758
Botha D	$305,979
Bourassa B	$68,836
Bourdon N	$86,534
Bourque C N	$368,406
Boustcha E	$224,232
Bovell F M	$243,828
Bow E	$65,713
Bowman M N	$87,902
Boyd A J	$299,761
Bracken J	$185,800
Bracken J H	$371,918
Bradley B D	$281,170
Bradshaw C D	$267,561
Brandes L J	$173,957
Brar A	$122,039
Braun E	$224,031

Braun J	$187,477
Braun K Y	$156,772
Breckman D K	$349,658
Breckman G L	$194,551
Bretecher G	$422,279
Brett M J	$103,931
Bristow K	$90,142
Broda R J	$212,221
Brodovsky S C	$689,675
Brooker G	$156,073
Brown H J	$75,647
Brown R	$294,028
Brownell L	$201,881
Bruce K	$64,814
Bruneau M R	$275,302
Brunt M	$116,669
Bshouty Z	$201,921
Buchel E W	$850,213
Buchik G M	$150,197
Budolowski B A	$69,069
Bueddefeld H D	$352,146
Buenafe J	$446,063
Bueti G	$425,122
Buffie J	$104,973
Buffo Sequeira I	$71,402
Bullard J	$55,628
Bullen S A	$107,577
Bullock Pries K R	$100,705
Burke M E	$198,899
Burnell C D C	$541,889
Burnet N	$308,314
Burnett C J	$195,374
Burnett M	$277,580
Burnett Mairi	$219,854
Burtch D	$59,873
Burym C J	$593,707
Butler J B	$214,393
Butler N	$408,089
Calderon-Grande H E	$287,948
Calhoun L L	$174,029
Cameron M R	$334,083
Campbell B	$184,111
Campbell G	$292,692
Campbell N	$127,233
Canadas L A	$203,153
Caners D	$636,362
Caners T	$121,889
Cannon J E	$231,843
Cantor M J	$443,751
Caplan A H	$271,566
Caplan D C	$246,807
Cappellani R B	$351,990
Carpenter N	$432,780
Carson J B	$270,459
Cartagena R A	$456,955
Carter R	$169,599
Casey A R	$255,630
Caswell B	$141,320
Caswill M	$245,544
Cavallo D	$399,066
Cavers K J	$220,882
Chakraborty A R	$231,027
Chale K	$55,253
Chan E L	$295,239
Chan J	$68,608
Chan J J	$180,275
Chan L H	$310,930
Chan T	$241,158
Chang H	$71,810
Chapman S D	$141,292
Charbonneau E J F	$81,098
Chatel N L	$228,058
Chau J K M	$137,507
Chaudhry S N	$151,537
Chenier D	$70,191
Chenier P	$60,665
Cherian R	$104,516
Chernish G M	$61,550
Cheung L K	$79,505
Chimilar J D	$59,925
Chin D	$1,070,704
Cho P A	$615,801
Chochinov P H	$284,629
Chodirker B N	$189,229
Chopra A	$365,784
Choptiany R B W	$219,703
Choptiany T I	$608,516
Chow C	$333,517
Chow Candace	$64,999
Chow M	$99,174
Chowdhury A D	$192,930
Christodoulou C C	$326,833
Chudley A E	$104,721
Chung L	$327,229
Ciecierski D	$220,592
Cisneros N	$374,346
Clark I H	$191,516
Clark M A	$191,355
Clark S G	$266,081
Clark S M	$136,419
Clark T A	$72,358
Clayden G	$489,822
Cleghorn S	$610,726
Coates K R	$429,828
Cochrane D	$93,888
Cohen B A	$630,297
Cohen M A	$80,945
Cohen-Postl S	$62,262
Collin M B	$115,203
Collison L M	$307,283
Collison S	$128,129
Collister C W	$424,371
Connelly P	$72,514
Connor D	$742,589
Connor D H	$106,696
Consunji-Aranet R	$124,384
Convery K	$288,879
Coodin M G	$279,314
Cooke A L	$193,490
Coombs J	$131,542
Corbett C	$369,984
Corbett R P	$67,617
Cordova J L	$204,726
Cordova Perez F	$82,931
Corne S I	$593,381
Cossoy M	$69,319
Coueslan G W [2]	$786,069
Cowan D J	$376,080
Cowden E	$229,165
Coyle S J	$241,418
Craig D	$54,612
Cram D H	$541,313
Craton N	$126,623
Crawford D	$245,944
Cristante L	$853,609
Crockett M	$61,083
Crosby J A	$419,983
Cross R	$253,429
Crust L J	$81,639
Csupak E M	$247,010
Cumming G	$94,380
Cummings M L	$317,563
Cuvelier G	$60,636
Czaplinski J E	$143,796

Czaplinski K	$299,768
Czarnecka M M	$220,093
Czarnecki W	$427,603
Czaykowski P M	$131,650
Da Silva H	$76,287
Da Silva L M	$365,857
Dabrowski P T	$235,620
Daeninck P J	$96,516
Dakshinamurti S S	$267,642
Dalling G N	$242,744
Dandekar A S	$420,165
Dandekar M S	$120,834
Dang T H	$274,279
Daniels V	$165,555
Dao V V B	$89,848
Darczewski I	$317,528
Dart A B	$65,409
Dascal M A	$157,738
Dashefsky S M	$470,737
Davey M	$117,813
Davey R J	$111,182
David M F	$418,217
Davidson J M [2]	$1,717,844
Davis M H	$246,648
Davis M O	$391,545
Davloor R	$265,801
Day M	$92,534
Daya J J	$381,208
Daymont C B	$61,427
De Klerk R R	$103,655
De Korompay V	$364,061
De Moissac P C	$317,731
De Muelenaere P	$1,057,167
De Rocquigny A J	$588,832
De Wet J	$180,683
De Wit S L	$580,086
Dean E C	$351,639
Dean H	$78,374
Debnath P K	$265,747
Debrouwere R G	$116,194
Decock C	$91,069
Decter D	$502,277
Delaive M	$241,692
Demsas H	$306,042
Deonarine L	$578,710
Deong P J	$358,879
Derzko L	$61,391
Desmarais G P	$135,027
Desmond G H	$381,558
Deutscher R	$336,494
Dhalla S S	$1,369,082
Dhanjal P	$196,228
Dharamsi N	$69,409
Dhindsa N	$107,963
Diamond H D	$378,918
Dias E M	$81,383
Dickson T	$431,573
Dillon J D	$387,165
Dillon L G	$88,635
Diocee R	$67,727
Dionne C	$357,542
Dissanayake D	$266,181
Dixon N	$156,724
Dizon A M	$131,544
Doak G J	$215,703
Doan Q	$224,819
Docking L M	$263,346
Doermer E	$468,410
Doerr J J	$399,356
Dolynchuk K N	$209,091
Dominique F	$237,256
Domke H	$309,926
Domke S	$280,523
Dookeran R	$1,066,289
Dornn B	$118,149
Dowhanik M A	$107,501
Dowhanik P B J	$114,827
Downs A C	$388,982
Doyle J	$134,278
Drachenberg D E	$391,428
Drain B	$62,053
Dressler G R	$123,438
Drew E	$69,013
Drew-Scott R	$192,520
Drexler J	$549,045
Dreyer C	$60,819
Drobot G R	$236,639
Du Plooy J	$354,531
Du Toit L L	$92,709
Dubberley J	$284,256
Dubyna D	$532,578
Ducas D A	$118,420
Ducas J	$682,146
Ducheck D L	$66,445
Dueck D	$373,241
Duerksen C	$453,612
Duerksen D R	$502,963
Duerksen K	$79,750
Duerksen M T	$353,766
Duff B D	$131,447
Duffy G	$211,944
Duke P C	$100,374
Dumatol-Sanchez J	$375,569
Dumont R	$61,776
Duncan S J	$438,015
Dunford D A	$122,432
Dupont J O [4]	$743,367
Duval R	$201,591
Dyck G H	$467,704
Dyck M P	$272,413
Eaglesham H [2]	$1,204,673
Earl K D G	$95,726
Ebbeling-Treon L	$292,041
Edward G	$268,324
Egan M M	$211,101
Egey-Samu Z	$107,976
Eggertson D	$324,177
Eghtedari-Namin F	$185,648
Ehsaei F	$63,945
Eisenstat J	$163,980
Ekins M B	$237,913
El Gwaidy N A	$468,385
El-Gabalawy H S	$87,232
Elahiyoun K	$55,704
Elbardisy N	$484,061
Eleff M K	$128,013
Elgazzar R F	$82,997
Elias K	$409,584
Elkhemri A M	$70,925
Elkin J	$288,539
Elkin M S	$335,256
Elliott J	$175,547
Elves E	$679,058
Embil J M A	$906,017
Embree J E	$76,944
Emery C	$292,511
Eng S	$392,526
Engel C	$457,144
Engel J S	$656,902
Engel M	$80,707
Engelbrecht J F	$253,202
Engelbrecht S	$288,982
Enns J P	$527,433
Erhard P	$131,699

Eschun G M	$157,196
Eshghi Esfahani F	$295,336
Eskandar A A	$160,243
Eskandargergies S	$149,779
Esmail A	$585,809
Espenell A E	$115,006
Essa R A A	$481,684
Esser C M	$72,666
Ethans K D	$137,387
Evans H	$70,556
Evans M J	$97,165
Ewert F J	$417,870
Fagbemigun A	$138,282
Fainman S E	$147,516
Falconer T	$67,525
Fanat I	$119,317
Fanella S T	$63,825
Farag R F	$530,537
Farmer R C	$362,962
Fast M D	$465,609
Fatoye A	$74,184
Feasey D	$107,481
Fedorow C	$260,795
Feierstein M	$195,890
Ferguson D A	$125,164
Fillmore J	$57,957
Finlayson N A	$173,834
Finney B A G	$250,483
Fischer A D	$166,138
Fisher M	$114,778
Fishman L	$393,492
Fitzgerald M	$254,169
Fjeldsted F H	$315,970
Flattery P M	$114,169
Fleisher M L	$112,395
Fleisher W P	$94,680
Fleming F L	$263,753
Fletcher C W	$282,799
Foerster D R	$371,590
Fogel R B	$112,090
Foidart S	$51,024
Fong H	$432,544
Fontigny N J	$340,655
Fotti C P	$196,032
Fotti S A	$117,202
Fourie H	$182,641
Fourie T	$324,260
Frame H	$296,614
Francois J M G	$53,531
Fraser D B	$52,162
Fraser M B	$294,334
Fraser V H	$234,315
Frechette C	$140,735
Frechette M	$567,078
Frechette S C	$421,062
Frederick D V	$71,632
Fredette P	$264,946
Freed D H	$484,138
Freedman J I	$264,691
Freitas E A	$278,307
Friesen J	$360,134
Froese W	$440,398
Frohlich A M	$459,296
Fuchs G R	$428,511
Fung H	$399,466
Funk D J	$273,598
Fuzeta G	$169,604
Galenzoski K J	$218,171
Galessiere P F	$725,068
Galimova L	$378,535
Gall R M	$481,466
Gallagher K	$159,891
Garba S	$660,625
Garber L	$322,832
Garber P J	$282,449
Gard S	$218,999
Garip S M	$199,701
Gauthier S W	$59,988
Gdih G A M	$431,420
Geneve M	$273,453
George R H	$95,701
Georgi M	$63,842
Gera R M	$478,040
Gerber J D W	$337,804
Gerstner T V	$387,689
Gertenstein R J	$551,607
Ghebray T M	$254,380
Ghebrial M S N	$150,392
Ghoneim M S	$357,980
Giannouli E	$521,257
Giesbrecht D R	$328,074
Giesbrecht J E	$178,122
Giles B L	$80,358
Gill E	$236,074
Gillespie B	$767,416
Gillespie J L	$253,905
Gillman M	$66,434
Gingerich J R	$210,550
Gingerich R	$136,659
Girard J	$317,125
Girgis F S	$362,138
Giuffre J	$82,122
Glacken R P	$281,744
Glenn D M	$109,074
Glew W B	$247,680
Glezerson G	$526,003
Globerman D J	$82,872
Godlewski W	$485,862
Goeke F	$280,592
Goerz P G	$144,428
Goldenberg D	$422,372
Goldman B L	$52,508
Gomori A J	$190,865
Gonzalez-Pino F	$196,519
Gooi T H	$686,619
Gooi T L	$799,604
Goossen M	$687,951
Goossen R	$84,001
Gordon J	$448,397
Gordon W L	$169,518
Goubran A W	$562,008
Gouda F F	$149,760
Gould L F	$401,481
Goulet S C	$199,313
Govender P	$368,678
Governo N J	$220,675
Goytan M J	$994,930
Grabowski J L	$417,177
Grace K J	$243,219
Graham C P	$224,436
Graham K	$449,875
Graham M R	$182,926
Graham R	$117,898
Grass S B	$336,914
Gray M G	$267,831
Greenberg C R	$86,752
Greenberg H M	$267,358
Gregoryanz T	$285,634
Grenier D	$100,026
Greyling L D L	$74,864
Griffin P	$173,056
Griggs G	$246,746
Grimbeek F	$327,458
Grimes R B	$220,327

Gripp K E	$80,500
Grobler W P	$354,334
Grocott H P	$311,474
Groenewald L H	$133,839
Groohi B	$227,866
Groves L	$310,733
Gudmundson C	$337,094
Guindi N S	$268,336
Guindy S	$213,045
Gujral P	$123,579
Gupta C K	$414,173
Gupta D K	$619,731
Gupta P	$156,505
Guzman R	$589,095
Gwozdecki T M	$209,206
Ha F T	$192,523
Haberman C J	$324,149
Hadi H	$57,361
Haggard G G	$310,546
Hahlweg K A	$198,226
Hai M A	$299,305
Haiart D C	$350,835
Hajidiacos N	$152,175
Haleis A R	$210,312
Haligowski D	$282,889
Hall A D	$64,072
Hall B A	$88,717
Hallatt D	$102,159
Hamedani R	$413,622
Hameed K A	$368,809
Hammond A W	$61,434
Hammond G W	$185,341
Hamson A	$87,976
Hancock B J	$172,960
Hanlon-Dearman A C	$109,591
Hanna I	$229,061
Hanna M	$435,843
Hanna M H G	$54,505
Hanna N S	$176,975
Harding G A J	$144,550
Harding G E	$571,894
Hardy B	$633,583
Hardy K M	$57,033
Haresha A	$424,730
Harms S	$335,888
Harris P	$817,414
Harrison W D	$593,831
Hartley D M	$342,607
Hartry Z C	$92,831
Hasan M	$91,941
Hasdan G	$152,263
Hashem F A	$363,823
Hashmi S	$421,349
Hawaleshka A	$264,139
Hawe R D	$131,080
Hayakawa T E	$469,748
Haydey R P	$1,004,912
Hayward R J	$550,796
Hechler P	$159,211
Hechtenthal N	$216,559
Hedden D R	$547,312
Hedden J R	$250,662
Heese H	$74,641
Heibesh S G F	$234,562
Heidenreich W	$183,550
Helewa M E	$313,822
Helms J B	$516,605
Henderson B [2]	$3,638,602
Henderson L P	$110,483
Henry D W	$232,423
Henry S F	$178,064
Hershberg D M	$161,125
Hershfield E S	$225,640
Hiebert Timothy [5]	$69,662
Hiebert T [5]	$104,500
Hildahl C	$367,043
Hilderman L	$188,868
Hildes Ripstein G E	$162,258
Hitchon C	$137,152
Hlynka A	$233,671
Ho J	$108,770
Ho K S	$59,047
Hobbs C L	$96,410
Hobson D E	$358,641
Hochman D J	$578,578
Hochman J	$218,607
Hodge S A	$223,322
Hoeppner W T	$163,685
Hohl C M	$68,436
Holder F	$258,016
Holland-Muter E	$226,667
Holmes C	$123,807
Holowenko D S	$107,998
Holroyd D	$79,831
Holt S C	$199,302
Homik L	$753,422
Honiball J J	$505,763
Hooper D	$494,182
Hooper W M	$258,976
Horton J	$65,783
Hosegood G	$80,904
Hosking D	$50,142
Houston D S	$78,411
Howden W A	$147,346
Hoy G J	$234,561
Hoy M L	$300,476
Hrabarchuk B	$431,075
Hudgel D	$106,840
Huebert D M	$437,373
Huebert H T	$111,278
Hughes P M	$202,944
Hui C	$182,211
Hunt J	$194,504
Hurst L D	$507,900
Husarewycz S	$356,972
Hussain F	$855,943
Hussain S	$248,822
Hutfluss G J	$415,500
Hyman J R	$171,833
Hynes A F	$177,811
Iancu D	$288,294
Ibbitt C J	$249,389
Ibrahim A F A	$506,886
Ibrahim M	$219,296
Ijaz S P	$101,005
Ilchyna D C	$280,092
Ilnyckyj A	$198,823
Ilse W K	$295,515
Imam I E B	$349,885
Ingimundson J C	$156,190
Inglis D	$398,399
Ingram P F	$189,217
Intrater H	$360,315
Ip A	$368,835
Iqbal I	$182,947
Ireland W	$55,484
Irving J E	$353,755
Isaac C	$242,323
Isaac M R	$55,399
Isaacs R L	$125,280
Iskander S S G	$271,999
Iskander S F	$350,508
Islur A	$425,631
Ismail I	$122,298

Israels S J	$63,723
Ivey J	$216,772
Jabs M	$68,049
Jackson A C	$51,504
Jackson J H	$61,689
Jacob M V [2]	$405,025
Jacob T K	$89,220
Jacob V C	$1,089,553
Jacobs J	$465,890
Jacobsohn E	$153,885
Jaeger C	$264,985
Jain M	$566,292
Jain N K	$93,429
James J M	$337,379
James K J	$90,170
Jamora E	$102,071
Jansen Van Rens N	$605,220
Jason M	$280,795
Jassal D	$176,680
Jebamani S	$280,352
Jei Almdhem M	$357,401
Jellicoe P	$179,359
Jenkinson D	$52,778
Jensen B	$67,232
Jensen C W B	$326,187
Jensen D M	$491,379
Johnson A W	$51,645
Johnson B	$259,172
Johnson C	$204,696
Johnson D	$563,396
Johnson E	$584,448
Johnson M G	$470,185
Johnson R G	$269,463
Johnston J B	$178,286
Johnston J L	$149,790
Jolly K S	$412,012
Jones J L	$172,356
Jones K D	$176,195
Joshua J M	$245,959
Joundi M G	$463,042
Jovel R E	$251,701
Jowett A	$334,303
Junaid A	$248,608
Kabani A M	$184,243
Kadambi D R	$81,842
Kaethler W	$373,486
Kahanovitch D	$359,020
Kaita K D E	$311,154
Kaler J	$59,021
Kalicinsky C	$227,238
Kalturnyk B P	$162,034
Kania J	$728,397
Kaplan J	$90,614
Karimu A L	$56,393
Karlicki F	$492,081
Karpinski M E	$450,348
Karvelas J	$195,798
Kashin R S	$116,621
Kasper K D	$217,970
Kass M	$436,469
Kassier K	$730,489
Kassis L	$264,111
Kati A A	$231,783
Katz G A	$209,555
Katz L	$156,965
Katz P	$210,657
Kaufman R	$152,777
Kaur B	$70,477
Kaushal R D	$309,826
Kaviani M	$353,156
Kayler D E	$614,277
Kearns K	$178,875
Keddy-Grant J	$246,770
Kehler T	$86,537
Kelleher B E	$160,434
Kellen P	$321,123
Kellen R I	$638,477
Kemkaran K	$241,810
Kepron W	$281,225
Kerr L	$125,936
Kerr P D	$342,354
Kettler J J	$126,648
Kettner A	$153,449
Khadem A	$524,217
Khaleifa A O	$336,261
Khalil I	$274,712
Khan A H	$403,377
Khan A	$169,023
Khan N M	$450,239
Khandelwal A S	$409,546
Khangura D	$450,157
Khelil A I	$66,800
Kimelman A L	$149,725
Kindle G F	$593,805
King T D	$121,665
Kinnear D	$341,635
Kinsley D C	$461,652
Kinsner J M	$173,438
Kippen R N	$386,006
Kirkpatrick I D C	$191,161
Kirshner A	$482,356
Kish S L	$211,500
Kisil D	$58,146
Klaponski S	$157,954
Klassen D H	$318,964
Klassen L J	$133,761
Klassen N F	$281,428
Klassen O	$141,492
Kliewer K	$315,404
Klippenstein N L	$629,492
Kloppers A A	$556,949
Kloss R	$69,267
Kluke C	$59,224
Klym K L	$127,013
Knezic K A	$126,515
Koczanski R	$148,331
Koensgen S J	$198,965
Koh C	$124,115
Kohanek F L	$60,540
Kohja A A	$252,484
Kolt A M	$105,446
Koltek M M	$73,208
Komenda B W	$256,265
Komenda P V J	$204,490
Komosky J	$140,846
Kong A M C	$220,271
Koochesfahani K M	$139,431
Koodoo S R	$306,603
Kos G P	$67,452
Kosowan M R	$252,019
Kotecha Y	$396,275
Koulack J	$660,582
Kousonsavath R	$169,326
Koven S	$52,084
Kovnats S	$148,914
Kowalchuk I J	$319,725
Kowalski S	$199,496
Kraemer G	$122,206
Krahn C	$313,222
Krahn J	$309,658
Krahn M	$116,705
Kramer M	$207,931
Kraut A	$77,772
Kredentser J	$218,234

Kremer S	$94,303
Krepart G	$149,052
Kroczak T J	$261,091
Kroeker L R	$369,881
Kroeker M A	$243,465
Kroft C D L	$98,334
Krongold I [2]	$1,098,261
Krongold P	$166,561
Kruk R D	$334,606
Krzyzaniak K M	$247,287
Kucheravy M	$52,327
Kucheravy T	$50,567
Kucparic P	$175,852
Kuegle P F X	$297,851
Kulbisky G P	$54,237
Kumar A	$503,784
Kumar R	$93,808
Kumbharathi R B	$70,759
Kuo B	$304,480
Kyerematen D	$367,814
Labella L	$62,179
Labiyaratne C	$132,913
Lacerte M M	$258,733
Lach L A	$108,633
Lachman M	$152,209
Lafontaine I	$159,741
Lage K L	$214,416
Lagowski M C	$217,291
Lam C C	$71,574
Lam D S C	$162,831
Lam H P	$506,311
Lamb J A	$145,127
Lamba K S	$224,111
Lambert D A	$217,595
Lambrechts H	$281,785
Lander D A	$98,749
Lander M	$114,293
Lane E S	$252,258
Lane M A	$100,504
Lang C	$325,117
Langan J T	$439,219
Langridge J K	$320,021
Large G	$279,713
Larue L B	$135,211
Lau Y	$539,567
Lau Y K	$63,528
Laurencelle R	$78,342
Lautatzis M [2]	$767,848
Lautenschlager E	$89,114
Lavitt G	$54,114
Lawrence P H	$600,740
Lazar M H	$309,455
Lazarus A	$395,822
Le Roux C	$238,641
Le Roux P C	$480,490
Leader E	$61,413
Lebedin W W	$460,609
Lecker R J	$52,557
Lecours C	$82,597
Lecuyer N S	$185,554
Lee B D	$100,139
Lee F F	$400,101
Lee G Q	$199,101
Lee H B	$317,503
Lee J J Y	$532,609
Lee L	$158,462
Lee S	$818,429
Lee T J	$339,999
Lee T W	$352,044
Lee V K	$781,359
Lee-Kwen J	$84,953
Lee-Wing M W	$660,448
Leen D A	$286,755
Lefevre G R	$136,739
Lehmann H	$188,198
Lei B T C	$449,320
Leicht R	$1,182,470
Leitao D J	$235,225
Lekic P C	$121,862
Leloka C M	$349,406
Lemoine G G	$255,419
Lemon K	$69,564
Lemon P W	$259,534
Lerner N	$346,204
Lesiuk T P	$57,638
Leslie H	$58,718
Letkeman R C	$343,112
Letts K	$104,603
Leung Shing L P	$262,939
Levi C S	$452,902
Levin B L	$427,159
Levin G	$208,550
Levin H	$300,772
Levy S B	$237,304
Lewis A B	$100,650
Leylek A	$162,877
Lezack J D	$359,246
Li W	$275,259
Lieberman D K	$292,076
Lindenschmidt R	$330,869
Lindquist L [2]	$542,449
Lindsay D	$77,129
Lindsay D J	$1,239,797
Lines J B	$201,214
Lint D W	$125,985
Lipinski G	$329,532
Lipnowski S	$599,569
Lipschitz J	$712,089
Littleford J A	$139,065
Liu J	$134,165
Livingstone C	$65,754
Lloyd D A	$288,476
Lloyd R L	$431,789
Lo E	$51,519
Loader K	$297,335
Lockman L E	$587,405
Loepp C	$202,102
Loewen S R	$96,906
Lofgren S R	$131,685
Logan A C	$529,628
Logsetty S	$196,563
Loh C C	$63,566
Loiselle J A	$280,395
Long A L	$1,336,770
Longstaffe A E	$294,116
Longstaffe S	$161,175
Lopez G	$67,518
Lopez Gardner L L	$114,021
Lorteau G	$67,984
Lotocki R J	$608,219
Loudon M	$272,340
Lowden C S	$386,075
Lowther G H	$55,110
Lu P B	$170,992
Lucash S E	$138,349
Lucman L L	$135,870
Lucy S	$333,041
Ludwig L	$194,001
Ludwig S	$253,818
Luk T L	$321,493
Lukie B J	$389,173
Lum Min S	$201,434
Lyons E A	$565,937
Lysack A M	$158,981

Lysack D A	$513,219
Mabin D	$668,881
MacDiarmid A L	$189,534
MacDonald N	$286,792
MacDonald P	$392,872
MacDougall B	$219,948
MacDougall E	$172,713
MacDougall G	$542,878
MacEachern N	$280,109
Macek R K W	$162,035
MacInnes A I	$116,510
MacIntosh E L	$498,789
MacKalski B A	$481,780
MacKay M J	$142,768
MacKenzie G S	$203,288
MacKlem A K	$446,681
MacLeod B A	$247,146
MacMahon R	$347,769
MacMillan M B	$326,655
MacNair T L	$462,418
Macrodimitris A G	$202,622
Madison A M	$140,733
Magarrell C	$81,840
Maguire D	$403,549
Maharaj G R	$90,077
Maharaj I G	$380,047
Maharajh D A	$255,028
Mahay R K	$470,122
Maier J C	$198,370
Maiti S	$526,020
Major P [2]	$888,115
Makar A	$235,746
Makis V [4]	$399,258
Maksymiuk A W	$147,065
Malabanan E	$431,589
Malchy B A	$155,037
Malek-Marzban P	$375,077
Malekalkalami A	$100,542
Malhi A M	$87,399
Malik A	$189,638
Malik B S	$646,740
Malik R N	$153,149
Mallick K C	$206,791
Malo S	$88,553
Mammen T	$298,009
Mancer J K	$65,806
Manishen W J	$427,730
Manness R C	$168,466
Mansour H M S	$164,505
Manuel P	$404,032
Manusow D	$469,324
Marais F	$419,647
Marantz J	$154,915
Mare A C	$313,527
Margolis N	$307,208
Marles S L	$75,564
Marriott J J	$72,231
Marsh D W	$191,988
Marshall M	$82,209
Martens D B	$134,890
Martens M D	$81,981
Martens R	$267,283
Martens Barnes C	$136,860
Martin A G	$50,523
Martin D	$237,868
Martinez E R	$363,019
Marx T	$319,711
Maslow K D	$668,393
Mathen M K	$777,457
Mathew G	$438,868
Mathieson A L	$370,558
Mathison T L	$207,498
Matsubara T K	$319,524
Matthew T	$352,836
Matthews C M	$156,548
Matthews N	$124,884
Maxin R	$150,479
Maxwell I	$209,268
Mayba I I	$192,936
Mayba J I	$781,272
Maycher B	$1,425,396
Mazek F R E	$692,509
Mazhari Ravesh A H	$305,614
McCammon R J	$267,664
McCarthy B G	$269,619
McCarthy G F	$666,513
McCarthy T G	$608,014
McClarty B	$900,637
McConnell M	$103,532
McCullough D W	$101,588
McCusker P	$58,959
McDonald H D	$285,775
McFadden L R	$362,477
McFayden R W C	$138,518
McGinn G [2]	$1,536,589
McGregor B	$216,843
McIntyre I L	$251,620
McKay M A	$277,860
Mckenzie T	$220,597
Mckiernan B	$332,241
McLeod J K	$117,061
McNaught J	$170,074
McNeill A M	$241,138
McPhee J	$235,415
McPherson J A M	$192,746
McTaggart D L	$194,878
McTavish W G	$283,031
Megalli Basali S F	$170,480
Mehta A	$182,882
Mehta P G	$492,721
Mellon A M	$432,957
Memon G	$274,470
Memon R	$120,955
Menard S	$190,919
Mendis M R	$55,190
Menkis A H	$196,335
Menticoglou S	$740,330
Menzies R J	$606,946
Mercier N	$171,681
Mestdagh B E	$129,327
Mestdagh R J	$97,713
Mestito Dao I	$80,498
Meyrowitz D	$318,663
Mhanni A	$122,740
Mian M T	$228,461
Micflikier A B	$1,912,886
Mikhail S N F	$302,098
Milambiling E M	$431,545
Milambiling L C P	$266,920
Milbrandt K	$151,351
Miller A	$107,358
Miller D M	$442,732
Miller D L	$299,758
Miller L	$401,123
Miller M	$540,793
Miller T L	$317,022
Mills B J	$134,762
Milner J F	$703,270
Mina M M F	$110,789
Minhas K K S	$867,710
Mink S	$187,776
Minnaar J	$230,441
Mintz S L	$92,780
Minuk E	$142,331

Minuk G	$120,416
Miranda G	$204,983
Mis A A	$437,777
Miskiewicz L M	$135,833
Moawad V F	$60,048
Moddemann D	$173,589
Moffatt D C M	$359,063
Mohamdee J F	$201,404
Mohamed A S	$113,974
Mohamed M A M	$658,655
Mohammed I	$304,523
Moharib N	$74,585
Moller E E	$171,301
Moller L	$237,390
Moller P R	$580,984
Moltzan C	$225,381
Momoh J T	$522,741
Moncek J A	$388,461
Monkman L M	$235,092
Monson R C	$178,657
Monteiro G E	$391,038
Montgomery P	$201,899
Moody J K	$160,227
Moon M	$568,638
Moore R F	$268,851
Moran De Muller K	$642,996
Morham A	$212,315
Morier G S	$134,071
Morris A L	$265,061
Morris G S	$267,423
Morris M	$208,756
Mostert F	$207,353
Mottola J C	$169,267
Mouton R W	$295,889
Mowchun L	$120,714
Mowchun N	$286,823
Mshiu M	$482,097
Muhamedagic T	$77,233
Muirhead B	$236,250
Mukty M A	$118,488
Mulhall D	$80,849
Mulhall T	$52,711
Muller Delgado H A	$333,380
Mundle S	$70,884
Munsamy G K	$247,807
Murray D	$378,964
Murray G G	$70,255
Murray K	$456,199
Muruve G N	$295,853
Mustafa A	$79,675
Mustapha S F	$261,834
Mutch W A C	$150,731
Mutter T C	$252,693
Myers W E	$573,855
Mykytiuk P	$436,662
Mymin D	$54,758
Mysore M	$337,055
Nachtigal H	$63,272
Nagaria M	$272,942
Naidoo J [1]	$10,924,360
Naidoo S P [1]	$5,089,790
Nair U K	$304,174
Narvey E B	$60,280
Nashed M	$109,169
Nason R W	$151,479
Nasr N Y I	$361,651
Nasralla G A	$113,091
Naugler S	$444,702
Nause L N	$350,576
Nawrocka D	$171,558
Nazar-Ul-Iman S	$534,858
Nejad Ghaffar S	$198,416
Nelko S	$91,587
Nell A M	$503,728
Nelson M	$59,025
Nemeth P	$345,386
Nepon J	$397,829
Neufeld G M	$100,202
Neufeld H	$121,947
Newman F	$263,766
Newman S	$288,916
Newsham D	$52,745
Nguyen K M	$325,024
Nguyen L	$298,772
Nguyen M H	$417,495
Nicolle L E	$206,566
Nigam R	$490,225
Nijjar S	$211,544
Noel C	$905,440
Noel M L	$50,819
Nugent L M	$352,246
Nyomba B L	$155,656
O'Brien M R	$308,917
O'Hagan D B	$456,691
O'Keeffe K M	$156,754
Ochonska M	$438,899
Oen K G	$90,547
Olafson K	$57,980
Old J	$271,164
Oliver J	$68,286
Olivier S	$370,163
Olson R L	$238,004
Olujohungbe A B	$91,623
Olynyk F	$162,326
Omelan C K	$153,071
Omichinski L M	$331,654
Ong A	$114,583
Ong B Y	$547,173
Ong G H	$413,461
Onotera R	$217,702
Onyshko D J	$195,166
Ormiston J D	$326,905
Orr P	$120,247
Osei-Bonsu A	$145,392
Osler F G	$265,059
Pachal C A	$218,140
Pacin A	$156,211
Pacin O	$206,299
Pacin S	$386,046
Padeanu F T	$225,993
Padua R N	$256,463
Paetkau D	$251,847
Panaskevich T	$581,351
Pandey A K	$126,792
Pandian A	$132,062
Pang E G	$151,665
Pannu F	$315,646
Papegnies D	$78,416
Paquin R W [2]	$524,545
Parham S M	$228,919
Park J	$234,792
Parker K R	$272,628
Partridge G	$72,842
Partyka J W	$230,575
Pascoe E A	$421,081
Paskvalin M	$161,200
Pasterkamp H	$150,125
Patel L R	$324,201
Patel Praful C	$643,885
Patel Pravin C	$480,653
Patel R C	$544,157
Patel S V	$279,035
Patel S P	$350,549
Pathak K K	$365,401

Pather A	$96,075
Pauls R J	$391,643
Pawlak J	$91,624
Pelissier R	$122,518
Penner K	$136,779
Penner L R	$114,385
Penner S B	$327,774
Penrose M	$346,080
Pepelassis D	$90,083
Perkins G	$106,601
Perlov J	$236,405
Permack S	$299,206
Perrett M	$74,624
Perry D I	$394,891
Peschken C	$97,167
Peterdy A E	$160,166
Peters B	$484,301
Peters D	$53,626
Peters H O	$195,566
Peters H	$319,409
Peterson J	$298,435
Petkau A	$115,454
Philipp R K	$875,368
Pickard K	$137,871
Pickering B	$439,707
Pierce G W	$700,271
Pieterse W	$562,351
Pilat E J	$248,706
Pilkey B D	$367,587
Pillay P G	$465,619
Pinder M	$363,619
Pinette G D	$295,302
Pinniger G W	$217,087
Pintin-Quezada J	$459,097
Pio A	$369,849
Pirvu A M	$75,504
Pirzada M A	$382,744
Pittman P	$216,818
Pitz M	$77,434
Plueschow M	$54,637
Poettcker R J	$373,987
Polimeni C	$151,493
Pollock B	$542,569
Poon W W C	$261,273
Pooyania S	$320,477
Popoff D	$182,794
Popowich S	$497,923
Porhownik N R	$91,035
Porter D	$56,178
Possia C	$55,649
Postl B	$89,347
Potoski J P	$399,044
Potter J	$66,213
Prasad B	$239,762
Preachuk C T J	$70,825
Prenovault J	$378,511
Pretorius A	$137,876
Pretorius L L	$88,877
Price J	$244,431
Priestley D W	$227,505
Prinsloo J	$325,877
Pritchard P	$74,961
Prober M A	$219,145
Prodan O	$116,680
Psooy K J	$103,562
Putnins C	$74,253
Puttaert D	$139,186
Pymar H C	$268,812
Quesada R	$341,505
Raabe M A	$462,866
Rabson J L R	$1,086,091
Radawiec J	$54,307
Radulovic D	$369,465
Rae P E	$53,800
Rafay M F	$96,394
Raghavendran S	$317,041
Rahman J	$674,674
Rahman M	$91,437
Raimondi C	$257,132
Rajamohan C	$460,854
Rajani K R	$509,551
Ramadan S I	$523,301
Ramaya S	$76,449
Ramgoolam R	$354,581
Ramsay J A	$107,911
Ramsey C D	$171,158
Randolph J L	$97,288
Randunne A S	$247,530
Rao K B	$94,867
Raubenheimer J P	$393,318
Rauch J F	$605,293
Rawoof R H	$326,027
Raza I	$171,624
Reckseidler C	$57,808
Reeves J D	$70,488
Rehal R S	$251,868
Rehsia D	$718,995
Reid G J	$431,041
Reimer D K	$239,631
Reimer D J	$485,845
Reimer H	$239,125
Reimer M B	$222,991
Reinhorn M	$64,021
Reiss M	$56,348
Rempel R G	$177,642
Rennie W R J	$54,879
Reslerova M [3]	$735,917
Reyneke A	$420,650
Reynolds J L	$116,343
Rezk E A	$107,400
Rice P	$288,062
Rich A D	$252,585
Richardson C J	$365,299
Riche B [3]	$635,844
Ridah D	$157,166
Rigatto C	$582,277
Ring H	$372,127
Ringaert K	$216,346
Riskalla F	$174,402
Ritchie B A	$356,627
Ritchie J	$240,394
Rivas J H	$78,178
Rizk A M	$256,273
Roberts J R	$279,859
Roberts K A	$53,482
Roberts M	$65,009
Robertson G A	$65,015
Robillard S C	$169,426
Robinson C C	$231,964
Robinson D B	$238,995
Robinson D J	$494,068
Robinson G	$68,509
Robinson J	$528,196
Robinson W	$311,501
Rocha G	$1,048,315
Roche G	$261,432
Rodriguez Marre I	$181,674
Roe B E	$113,140
Roets W G	$91,270
Rogozinska L	$457,783
Rohald P	$342,283
Roman M	$299,330
Roman N	$268,166
Ronald A R	$68,038

Roos P J	$91,308
Rosario R	$146,420
Rosenthal P	$279,936
Rosner B	$72,702
Ross F J	$184,886
Ross F K	$156,219
Ross J F	$649,298
Ross J J	$188,561
Ross L L	$364,715
Ross T K	$140,480
Rothova A	$277,973
Roussin B C	$173,812
Roux J G	$285,730
Rowe R C	$231,583
Roy M J	$212,183
Roy M	$71,191
Rubinger M	$140,496
Rubinstein E	$219,805
Ruddock D L	$316,435
Rumbolt B R	$356,370
Rusen J B	$385,903
Rush D N	$187,228
Rush N O S	$185,342
Rusnak B	$370,916
Rust G	$73,161
Rust L	$134,703
Ryall L A	$91,576
Ryckman B A	$215,127
Saadia R	$237,689
Saadia V	$106,396
Sabapathi K	$228,883
Sabeski L M	$372,042
Sadri D	$133,270
Sala T N	$189,141
Salamon E	$638,749
Saleem A	$432,495
Salem F	$677,637
Salman M S	$71,124
Salter-Oliver B A	$122,671
Sam D	$70,980
Sami S	$97,269
Samuels E R	$142,843
Samuels L	$344,752
Sanders R W	$147,659
Sandhu S S	$535,557
Santdasani S K	$158,327
Saran K D	$188,399
Saranchuk J W	$337,291
Sareen J	$68,721
Sareen S	$435,477
Sarlas E	$135,883
Sathianathan C	$680,587
Saunders K	$200,223
Sauvageau J J	$60,002
Savage B	$190,095
Sawchuk J P	$86,735
Sawka S E [2]	$1,417,156
Sawyer J A	$360,278
Sawyer S K	$51,871
Scatliff J	$103,045
Schachter M A	$56,259
Schacter B A	$73,002
Schaeffer D	$77,891
Schaub J C	$97,795
Schellenberg J D	$259,089
Schellenberg W C	$487,657
Schledewitz I L	$77,856
Schmidt B J	$115,614
Schneider C E	$412,702
Schroeder A N	$389,460
Schroeder G	$221,938
Schur N K	$369,313
Schwartz L D	$263,036
Scott J	$488,211
Scott S	$158,917
Seager M J	$493,819
Seftel M D	$77,418
Segstro R J	$253,087
Seifer C M	$365,201
Seifer R	$98,523
Seitz A R	$237,926
Selaman M H	$142,083
Sellers E	$78,412
Semus M J	$151,905
Sen R	$188,714
Sethi K	$121,421
Sethi S	$298,702
Sett S	$98,732
Sewell G	$122,048
Shah B	$405,716
Shah S A A	$95,844
Shaikh N	$186,628
Shane M	$351,287
Shapiro S M	$60,643
Sharif M N	$350,772
Shariff F K	$110,628
Sharkey J B	$373,583
Sharma S	$751,977
Shatsky M	$786,945
Shell M	$136,174
Shelton N H	$66,776
Shelton P A	$190,517
Shenouda P F S	$321,952
Shepertycky M R	$504,750
Sheps M	$683,381
Sherbo E	$79,060
Shiffman F H	$535,843
Shnider M	$147,415
Shnishah A	$65,914
Shojania A M	$182,277
Shoukry S	$159,620
Shuckett P	$358,949
Shum K C	$280,525
Shumsky D	$93,936
Shunmugam R	$883,599
Sickert H G	$158,739
Siddiqui F S	$207,061
Sidra Gerges M E	$189,912
Sigurdson E	$170,281
Sigurdson L J	$598,580
Sikora F J	$300,277
Silagy S	$528,271
Silha J	$484,878
Silhova D	$179,014
Silver N A	$259,955
Silver S	$1,501,229
Silverman R E	$268,916
Simard-Chiu L A	$176,585
Simm J F	$257,176
Simonsen J N	$95,875
Simonson D W	$166,948
Sin S	$106,465
Singal R K	$251,799
Singer M	$118,264
Singh A	$308,327
Singh G B	$495,753
Singh H	$280,788
Singh M	$351,928
Singh N	$98,285
Singh R	$155,912
Singh R G	$196,772
Singh R D	$318,576
Sinha M	$333,901
Sinha S N	$423,794

Siyih M	$144,002
Skakum K K	$163,476
Skalsky A J	$124,510
Skead L	$382,542
Skrabek R Q	$310,403
Sloan G	$155,702
Slutchuk M	$340,736
Smal S J	$176,837
Small L	$77,338
Smart J R A	$357,747
Smil E	$262,487
Smith C	$194,931
Smith H W E	$257,613
Smith J R M	$73,090
Smith L L	$410,094
Smith L F	$494,391
Smith R G	$270,329
Smith R W	$275,053
Smith S	$80,473
Snovida L	$258,449
Sochocki M P	$131,784
Soliman M F L	$190,256
Sommer H M	$281,683
Soni A	$130,136
Soni N R	$213,420
Soni S	$1,122,990
Sood M	$376,126
Sookermany N	$77,948
Speer M	$227,955
Spence E B	$54,530
Srichandra W	$246,567
Srinathan S K	$215,888
St Goddard J	$248,840
St John P D	$221,033
St Vincent A	$284,576
Stanko L	$427,110
Stannard K M	$89,313
Stearns E	$186,742
Stecher R D	$122,883
Stefanyshen G S	$197,207
Steinberg F	$161,009
Steinberg R J G	$230,748
Stelzer J	$206,260
Stephensen M C	$313,938
Stewart G B	$67,782
Stillwater R B	$145,929
Stimpson R	$96,652
Stitt G P	$58,487
Stitz M	$315,101
Stockl F A	$1,125,782
Stoffman J M	$75,022
Stone J D	$365,717
Storoschuk G W	$282,370
Storsley L J	$470,862
Stoski R M [2]	$2,226,413
Stoykewych A A	$55,634
Stranges G A	$253,030
Strank R K	$186,105
Stroh G	$58,748
Strong J E	$70,312
Stronger L	$278,194
Strumpher J	$266,744
Sud A K	$707,492
Sulaiman M	$304,033
Sullivan M	$115,040
Sultan O	$264,767
Surajballi H	$94,027
Susser M	$217,771
Sutherland D E	$213,339
Sutherland E N	$435,880
Sutherland J G	$228,916
Sutherland S	$275,247
Sutter J A	$372,976
Sutton I R	$427,495
Swain V J	$55,911
Swartz J	$164,995
Swenarchuk G	$73,304
Symchych M	$63,899
Szajkowski S	$259,209
Szajkowski T	$218,540
Szaky T	$64,188
Szwajcer D	$98,409
Tam J W	$115,140
Tamayo Mendoza J A	$291,855
Tan L	$412,115
Tang-Wai R	$326,936
Tapper J A	$158,912
Tapper R	$62,894
Taraska V	$1,177,106
Taraska Victoria	$530,979
Targownik L E	$221,663
Tassi H	$162,797
Tawadros M B	$409,915
Tawfik Helmy S	$269,861
Taylor H R	$581,195
Taylor P D	$64,966
Taylor S N	$540,394
Tenenbein M	$163,679
Teo S L	$299,862
Theodore G M	$326,007
Therrien D J	$90,563
Thess B A	$584,070
Thiessen M N	$149,002
Thiessen R J	$72,281
Thille S M	$157,068
Thomas S T	$247,201
Thompson R A	$56,870
Thompson S B	$85,258
Thompson T R	$184,329
Thomson G T D	$145,119
Thomson I R	$217,868
Thorlakson D	$200,282
Thorlakson I J	$198,642
Thorlakson R H	$347,645
Thottingal A P	$207,447
Thwala A B	$272,293
Timmerman D	$78,738
Tischenko A	$463,782
Todary Fahmy Y	$135,432
Toews K A	$331,123
Tohme J	$218,802
Tole G D	$58,344
Tomchuk E	$470,702
Tomy P	$255,497
Toole J	$591,991
Toth J M	$51,447
Trainor J M [1]	$7,214,264
Trajano J	$64,990
Tran C P	$293,622
Tretiak L	$111,444
Trinh H	$216,137
Tsang D	$434,633
Tse W C	$120,750
Tsuyuki S H [2]	$391,823
Tufescu T	$214,232
Tulloch H V	$149,616
Turabian M	$329,755
Turgeon T	$332,517
Turner D R	$496,082
Turner R B	$451,118
Ullyot S	$154,738
Ulmer M	$422,406
Ungarian J	$248,508
Unruh H W	$385,384

Uys T	$323,366
Uzwyshyn M	$94,224
Van Alstyne M	$544,555
Van Ameyde K	$261,718
Van Amstel L L	$56,114
Van De Velde R	$211,932
Van Den Heever J W	$277,635
Van Der Byl G	$193,859
Van Der Zweep J	$319,505
Van Gend R	$246,726
Van Horne W A	$178,150
Van Jaarsveldt W	$448,214
Van Niekerk E	$293,441
Van Niekerk S	$376,174
Van Rensburg C J	$433,938
Van Rensburg P D J	$487,548
Van Rooyen M L	$556,461
Vanderwert R T	$173,794
Varma A	$404,337
Vasconcelos J A	$223,080
Vattheuer A	$86,024
Vattheuer F B	$150,804
Venditti M	$123,540
Venkatesan N	$150,136
Vergis A	$151,485
Verity S D	$55,023
Verma M R	$429,777
Verrelli M [3]	$371,051
Viallet N R	$308,198
Vianzon C S	$212,651
Vicari D	$74,261
Vickar E L	$297,374
Vignudo S	$295,413
Violago F	$298,568
Vipulananthan M	$287,718
Vipulananthan V	$285,574
Visch S H R	$160,526
Visser G	$492,575
Visser H B	$108,272
Vlok N	$323,062
Vo M	$631,117
Vorster A P	$77,612
Voyer D	$118,602
Wadhwa V S	$263,177
Wahba Hanna T W	$163,742
Waldman J C	$277,539
Walkty A	$114,198
Wallace S E	$276,070
Walli J E	$535,601
Walters J J	$719,707
Warkentin R	$213,558
Warnakulasooriy R	$183,821
Warraich N	$529,071
Warrian R K	$341,187
Warrington R	$248,772
Watters T	$130,238
Weatherby B	$53,130
Weeraratne M B	$170,247
Weihs R	$58,476
Weizman S	$348,191
Werier J	$364,103
White B K	$236,886
White O J	$634,352
White S	$93,066
White V P	$66,473
Whittaker D	$72,897
Whittaker E	$167,004
Wickert W A	$153,850
Wicklow B A	$53,866
Wiebe K	$83,072
Wiebe T H	$94,749
Wiens A V	$450,770
Wiens J J	$561,056
Wiens J L	$532,652
Wiens P J	$79,854
Wiesenthal B D	$180,334
Wiesenthal Z	$196,763
Wightman H R [1]	$4,889,111
Wilkie C	$53,579
Willemse P	$744,409
William N	$209,479
Williamson D	$140,210
Willows J R	$423,893
Wilson A S	$73,649
Wilson G P	$369,934
Wilson M	$1,246,016
Winistok W	$187,432
Winogrodzka C	$310,276
Winzoski T	$93,973
Wirtzfeld D	$339,757
Wiseman D G H	$203,099
Wiseman M C	$666,519
Wiseman N	$327,148
Woelk C	$293,209
Wojciechowski A	$190,775
Wolfe K B	$239,251
Wolfe S A	$312,978
Wong C S	$281,638
Wong H	$271,349
Wong J K	$154,580
Wong R P W	$389,049
Wong S W C	$376,161
Wong S G	$196,465
Wong T	$287,358
Woo C	$346,265
Woo N	$632,782
Woo V C	$568,748
Woods A K	$152,438
Wozney L R	$124,741
Yaffe C	$652,337
Yale R	$145,580
Yamamoto K	$331,867
Yamsuan M	$243,490
Yang J	$134,592
Yankovsky A	$94,842
Yanofsky R	$81,219
Yaren S	$166,047
Yeung C	$308,825
Yip B	$387,211
Young B C	$233,395
Young J	$145,711
Young R S	$362,887
Yousif E J	$59,768
Youssef N	$176,477
Yuen C K	$76,567
Zabib N A	$275,348
Zabolotny B P	$392,501
Zacharias G W	$123,573
Zacharias J [3]	$632,691
Zaki A E	$184,881
Zaki M F	$481,940
Zeiler F	$594,753
Zetaruk M	$76,688
Ziaei Saba S	$561,382
Zieroth S R	$200,063
Ziesmann M	$806,326
Zimmer K W	$283,529
Ziomek A	$237,038
Zoppa R	$407,237

Explanatory Notes:

(1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).*
(2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).*
(3) *Billings for dialysis services representing the work of more than one physician. (See list of facilities).*
(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See list of facilities).*
(5) *Denotes two separate physicians with same first and last names.*

Laboratory Directors and Facilities

Abidullah M	Brandon Clinic Laboratory
	Clement Block Laboratory
	Western Medical Clinic Laboratory
Naidoo J	Central Medical Laboratory/Gamma-Dynacare
	Lakewood Medical Centre Laboratory
Naidoo S P	Unicity Laboratory Services (Pembina)
	Unicity Laboratory Services (McPhillips)
Trainor J M	Trainor Laboratory
Wightman H R	Assiniboine Clinic Laboratory
	Assiniboine Laboratory (Steinbach)

Radiology Directors and Facilities

Coueslan G W	Brandon Clinic Diagnostic Imaging
	Clement Block X-Ray Services
Davidson J M	Manitoba X-Ray Clinic (Concordia)
Eaglesham H	Boyd X-Ray Clinic
	Lakewood Medical Centre Diagnostic Imaging
	Unicity X-Ray (Hargrave)
	Unicity X-Ray (Roblin)
Henderson, B	Radiology Consultants of Winnipeg Medical Corporation/Winnipeg Radiology Services
	Winnipeg Radiology Services (Pembina)
Jacob MV	Dr. C.W. Wiebe Medical Centre
Krongold I	Assiniboine Clinic Diagnostic Imaging
	Assiniboine X-Ray (Meadowood)
	Winnipeg Radiology Services (Main)
Lautatzis M	Legacy X-Ray Clinic
	Seven Oaks X-Ray Clinic
Lindquist L	Winnipeg Clinic Diagnostic Imaging
Major P	Manitoba Clinic Diagnostic Imaging
McGinn GJ	Manitoba X-Ray Clinic (Tache)
Paquin R W	CLM Healthcare Imaging Inc (Regent)
	CLM Healthcare Imaging Inc (Rothesay)
Sawka S	Manitoba X-Ray Clinic (Henderson)
	Manitoba X-Ray Clinic (Portage)
Stoski R	Pan Am Clinic X-Ray Departement
Tsuyuki S H	Tache Diagnostic Ltd.

Dialysis Directors and Facilities

Allan D R	Sherbrook Centre Dialysis Unit
Armstrong S	Seven Oaks General Hospital
Bernstein K	CDU Health Sciences Centre
Riche B	Brandon Regional Health Centre
Reslerova M	St. Boniface General Hospital
Zacharias J	Home Hemodialysis/ Manitoba Local Centres Dialysis Units
Verrelli M	Peritoneal Dialysis St. Boniface General Hospital

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants Winnipeg Clinic – Nuclear Medicine St. Boniface Hospital- Nuclear Medicine
Makis V	Brandon

APPENDIX I

SUMMARY OF STATUTES RESPONSIBILITY - MINISTER OF HEALTH

THE ANATOMY ACT (A80)
- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)
- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)
- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DENTAL ASSOCIATION ACT (D30)
- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)
- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)
- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)
- Authorizes the College of Dental Hygienists to regulate dental hygienists.

THE DENTURISTS ACT (D35)
- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)
- (Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)
- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE DEPARTMENT OF HEALTH ACT (H20)
- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)
- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH CARE DIRECTIVES ACT (H27)
- Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

THE HEALTH SERVICES ACT (H30)
- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)
- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)
- Provides for a Hearing Aid Board to license hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)
- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)
- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)
- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)
- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)
- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)
- Authorizes the College of Medical Laboratory Technologists to regulate medical laboratory technologists.

THE MENTAL HEALTH ACT (M110)
(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))
- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)
- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)
- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)
- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)
- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)
- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)
- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)
- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)
- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)
- Defines the practice of podiatry and provides for the regulation of the profession.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)
- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)
- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)
- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)
- Authorizes the Psychological Association of Manitoba to regulate psychologists.

THE PUBLIC HEALTH ACT**(P210)

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Finance.)

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE REGULATED HEALTH PROFESSIONS ACT (R117) (Not yet proclaimed)

- Currently, there are 21 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)
(Not yet proclaimed)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2010 - 2011

A number of health statutes and regulations were amended, enacted or proclaimed in 2010/2011:

THE PERSONAL HEALTH INFORMATION AMENDMENT ACT (2)

- To set out criteria for a valid consent to the use or disclosure of personal health information.
- To require the provision by a trustee of information about current care within 24 hours after receiving a request if the patient is in hospital.
- To require the provision of information by a trustee about current care within 72 hours after receiving a request from an outpatient.
- To require a trustee to give notice to individuals of their right to examine and receive a copy of their personal health information and how they can exercise that right.
- To expand the list of persons who can exercise the rights of another person under the Act to include family members and trusted friends.
- To provide authority for the Information and Privacy Adjudicator, who is appointed under *The Freedom of Information and Protection of Privacy Act*, at the request of the Ombudsman, to issue an access or privacy order to a trustee who has not acted on the Ombudsman's recommendations.
- To broaden the ability to disclose personal health information, without consent, in specified circumstances.

THE PROTECTION FOR PERSONS IN CARE AMENDMENT ACT

- *The Protection for Persons in Care Act* requires the reporting of abuse of inpatients and residents of hospitals, personal care homes and designated health facilities. The amendments also extend that reporting requirement to patients of geriatric day hospitals, emergency rooms, and urgent care centres and allows the reporting requirement to be further extended by regulation.

THE PUBLIC HEALTH AMENDMENT ACT (Regulating Use of Tanning Equipment)

- Regulating use of tanning equipment
    - To require written consent of a child's parent or guardian before the child is permitted to use tanning equipment.
    - To require a commercial tanning operation to post signs in the premises warning of the health risks of using tanning equipment.

REGULATIONS:

THE HEALTH SERVICES INSURANCE ACT

Amendments were made to:

- **The Chiropractic Regulation** to increase benefits and add new tariffs.
- **The Personal Care Services Insurance and Administration Regulation** to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for residents and their spouses who are living in the community. The financial threshold for the waiver of payment of all or part of the authorized charge payable by a personal care home resident who has a spouse living in the community was also increased.
- **The Hospital Services Insurance and Administration Regulation** to adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.
- **Optometric Services Insurance Regulation** to increase benefits and add new tariffs.
- **Prosthetic, Orthotic and other Medical Devices Insurance Regulation** to change benefits payable for prosthetic and orthotic devices and services.
- **The Residency and Registration Regulation** to provide coverage for children from other countries adopted by Canadians and to clarify the registration status of non-residents working in Manitoba.

THE PERSONAL HEALTH INFORMATION ACT

- Amended the Personal Health Information Regulation as necessary to operationalize the amendments to the Act.

THE PSYCHOLOGICAL ASSOCIATION OF MANITOBA

- By-law no. 1 amended to allow life members to serve on council or committees and to allow audits to be done by a certified general accountant

THE MENTAL HEALTH ACT

- Amended the Charges Payable by Long Term Care Patients Regulation in psychiatric facilities. Charges for these patients are to be calculated in accordance with the Personal Care Services Insurance and Administration Regulation.

THE MEDICAL ACT

- Amended the College of Physicians and Surgeons of Manitoba Registration Regulation to implement the first step in the continuing professional development program.

THE PHARMACEUTICAL ACT

- Repealed and replaced the **Manitoba Drug Interchangeability Formulary Regulation** as required to update the Formulary.

THE PRESCRIPTION DRUGS COSTS ASSISTANCE ACT

- Amended the **Specified Drugs Regulation** to update the Schedule.
- Amended the Prescription Drug Cost Payment of Benefits Regulation to increase the income-based deductibles that beneficiaries must pay before Pharmacare will cover the costs of drugs.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2010-11 reporting year. This is the sixth year in which all Government of Manitoba departments have included a Performance Measurement section, in a standardized format, in their Annual Reports. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance
Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2009/10 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of Median wait times for cardiac bypass surgery by level of urgency.	Timely Access to surgical services is important	As of April 2005, the Median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 7 days Level 2 (Semi-urgent): 15 days Level 3 (Elective): 56 days	As of April 2011, the Median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 0 days Level 2 (Semi Urgent): 8 days Level 3 (Elective): 29 days	Compared to April 2005 the Median wait time has decreased for all levels of urgency.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective). *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html
Manitobans' access to radiation therapy for cancer through the measurement of Median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The Median wait time in April 2002 was 2.1 weeks for all cancer types.	As of April 2011, the Median wait time for all cancer types was 1 week.	The median wait time continues to be well within the National Benchmarks for radiation therapy	The National Benchmark for radiation therapy is 4 weeks. *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2009/10 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2008 rate: 34 deaths per 100,000 population	In 2009, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 29.3 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada from approximately 140 deaths per 100,000 in 1979 to 29.3 per 100,000 in 2009.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. *Source:* Manitoba Health; Vital Statistics data.
Diabetes Rates **Prevalence Rate** the proportion of residents, one year and older, living with diabetes. **Incidence Rate** – The number of new diabetes cases each year per 1,000 Manitoba residents, one year of age and older.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes, whereas incidence rates indicate risk factors, prevention efforts, and screening.	**1988/89** Unadjusted Prevalence: 2.8% Age-adjusted: 2.8% Unadjusted Incidence:3.7 per 1,000 Age-adjusted: 3.8 per 1,000 (Chronic Disease Branch) Crude (unadjusted) prevalence per 100 Manitoba residents, 1999/2000 – 4.9 2000/2001 – 5.2 2000/2001 – 5.5 2000/2001 – 5.8 2003/2004 – 6.0 2004/2005 – 6.3 2005/2006 – 6.6 2006/2007 – 6.9 2007/2008 – 7.1 Source: Manitoba Health administrative data.	Crude (unadjusted) prevalence per 100 Manitoba residents, 2008/2009 – 7.3 Source: Manitoba Health administrative data	An increase in prevalence is observed in all RHAs, Districts and Sub-areas. Prevalence is particularly high in the North, and may be associated with income. (MCHP RHA Atlas) Unadjusted (crude) incidence rates indicate the proportion of new cases in each year. For comparison between years age-adjustment removes the effect of an aging population on rates. A large increase in incidence rates was likely caused by a change in clinical guidelines for diagnosis in 1998.	Better diagnosis and reporting may have resulted in the observed increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2009/10 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
TeleHealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates:	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4876 Education: 1230 Administration: 738 Tele-visit: 248 Other: 248 2004/05 4369 Events	2008/09 Clinical: 5778 Education: 1494 Administration: 951 Tele-visit: 43 Other: 197 2008/09 8463 events 72 sites and 129 endpoints	MBT predicts 10 sites to be added in the next fiscal year. Clinical: 18% Education: 21% Administration: 29% Tele-visit: 30% Other: 21% 193% growth in # of events	

APPENDIX IV

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health for fiscal year 2010-2011:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2010- 2011**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	No disclosures were received.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	No investigations commenced in 2010-2011. The investigation of one disclosure received in 2009-2010 was completed in 2010-2011; there was no finding of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	

APPENDIX V

SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on Manitoba Health's efforts toward sustainable development, as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to sustainable development activities within Manitoba Health can be further examined within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. **INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS**
   Manitoba Health is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision making process, specifically in the areas of human health and social consequences.

   HIGHLIGHTS:
   Insured Benefits: provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.
   Regional Programs and Services: continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision making and ensure that long-term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province as well as reporting on specific areas of service such as patient safety, cardiac services, cancer care, palliative care, home care and dialysis.
   Mental Health: develops strategies and policies for the mental health system and examines emerging issues and practices to improve services to optimize the health of those with a mental disorder. The Branch collaborates and/or oversees provincial mental heath activities such as: Mental Health Renewal in Manitoba; the Mental Health Education Resource Centre of Manitoba; the Farm and Rural Stress Line; mental health services; programs that provide health promotion and awareness activities; and the role of Manitoba Health and the regional health authorities in the system.
   Northern Nursing Stations: oversees cost-effective and quality heath care to various northern communities through the management of community nursing stations.
   Primary Health Care: supports executive management in planning and providing guidance to RHAs in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.
   Selkirk Mental Health Centre: delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. **STEWARDSHIP**
   Manitoba Health is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health who

administers over 45 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act*, as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of regional health authorities.

The Personal Health Information Act: protects personal health information in the health system in Manitoba.

The Public Health Act: provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Cost Assistance Act: governs the operation and administration of the provincial drug benefit program.

3. **SHARED RESPONSIBILITY AND UNDERSTANDING**

Manitoba Health continually collaborates with RHAs, inter-sectoral organizations, federal government and stakeholders to better understand the views of others. This in turn facilitates equitable management of our health system. To facilitate shared responsibility and understanding, Manitoba Health directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal Health and Northern Health Office: supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. Aboriginal Health and Northern Health Office works collaboratively with the federal government, other branches within Manitoba Health, provincial departments, RHAs, and Aboriginal political territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Federal/Provincial Policy Support: represents Manitoba on the Federal/Provincial/Territorial Advisory Committee on population health and security to express Manitoba's views and participate in inter-sectoral issues.

Regional Programs and Services: participates on regional health authority (RHA) committees and maintains communication with all RHAs to ensure that Manitoba Health has an ongoing understanding of the issues and concerns within Winnipeg and throughout Manitoba.

Accountability Support Branch: coordinates the community health assessment process with regional health authorities to ensure that health planning is community or regionally focused and complies with Manitoba Health requirements.

4. **PREVENTION**

Prevention is at the forefront of Manitoba Health. Manitoba Health has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

Office of the Chief Provincial Public Health Officer: ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. This office provides news releases to the public in regards to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Cadham Provincial Laboratory: provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced

surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health Branch: provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the Branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders.

Emergency Preparedness Branch: continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large scale health sector emergencies such as pandemic influenza.

Corporate Services: manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; quality audits; internal disclosure of staff concerns; reporting of critical clinical occurrences; RHAs guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. **CONSERVATION AND ENHANCEMENT**

Manitoba Health is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life, and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements such as Power Smart Standards for new construction and renovation projects.

Public Health Branch: responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction, and dental/oral health.

6. **REHABILITATION AND RECLAMATION**

Manitoba Health is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHT:

Capital Planning: oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. **GLOBAL RESPONSIBILITY**

Manitoba Health continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

HIGHLIGHTS:

Federal/Provincial Policy Support: conducts negotiations on cooperative initiatives with Pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Office of the Chief Provincial Public Health Officer: participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example this office assesses health risk and provides information on various health concerns such as asbestos in vermiculite insulation.

8. **EFFICIENT USE OF RESOURCES**

Manitoba's health system accounts for 42% of the provincial budget and as public expectations on health care services keep rising, costs continue to go up and the sustainability of our publicly funded system is strained. Manitoba Health strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

HIGHLIGHTS:

Health Labour Relations: operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the Winnipeg Regional Health Authority and Manitoba Health Finance; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: directs expenditures in an efficient and expedient manner. These funds are allocated to provincial wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health plan process and ministerial direction.

Provincial Health Services: throughout Manitoba Health, various units are tasked, in some cases with third parties, to provide services to the public such as: out-of-province hospital services; blood transfusion services; federal hospitals; prosthetic and orthotic devices; healthy communities development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services including vehicle, equipment and processes are conducted.

9. **PUBLIC PARTICIPATION**

Manitoba Health strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision making approaches.

HIGHLIGHTS:

Legislative Unit: communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts. Recent examples are *The Personal Health Information Act* Review Steering Committee and *The Public Interest Disclosure (Whistleblower Protection) Act*.

Mental Health Review Board: hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the minister by maintaining links between the minister, the health care community and the community at large.

The Protection for Persons in Care Office: serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

Aboriginal and Northern Health Office: ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern communities in Manitoba and those people of Aboriginal descent.

Accountability Support Branch: continues provision of public participation in the health regions as part of the community health assessment process. Community consultations, focus groups, region specific surveys and key informant interviews are regularly held by the regions and health organizations.

French Language Services: provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

Primary Health Care Unit: is a resource centre for Manitoba Health on how best to inform and serve Manitobans about new initiatives and investment, targeted to improve primary health care such as what services are available, how to access them and how to have input.
Public Health Branch: provides communication and feedback support to the public in a variety of forums about Manitoba Health policy and priority initiatives.

10. **ACCESS TO INFORMATION**
Manitoba Health strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

HIGHLIGHTS:
Legislative Unit: continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public to assist them in understanding their rights and appeal processes.
Administration and Finance: prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with Legislative, Treasury Board and senior management requirements.
Information Systems: continues development and maintenance of databases to support internal and third party information requirements, as well as development of an eHealth infrastructure.
Health Information Management: provides data sources for Manitoba Health, the Minister, RHAs and the public which is accessible internally or on the department's website. This includes managing Manitoba Health's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.
Public Health Branch: continues to provide regular and routine reports to the public on influenza surveillance data, monthly communicable disease surveillance data, and annual HIV/AIDS statistical updates to the Public Health Agency of Canada and to the health authorities.

11. **INTEGRATED DECISION MAKING AND PLANNING**
Manitoba Health takes necessary measures to establish and amend decision making and planning processes to make them more efficient, timely and to address and account for inter-generational effects.

HIGHLIGHTS:
Information Systems: works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.
Mental Health: ongoing integration on decision making and planning with the Addictions Foundation of Manitoba and the RHAs regarding mental health.

12. **WASTE MINIMIZATION AND SUBSTITUTION**
Manitoba Health is committed to taking actions that promote the use of substitutes for scarce resources and reduce, reuse, recycle or recover.

HIGHLIGHTS:
- Ongoing Blue-bin recycling program at 300 Carlton Street, 1680 Ellice Avenue and 750 William Avenue sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

13. **RESEARCH AND INNOVATION**
Manitoba Health is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Health Information Management: utilization of a digital dashboard within Manitoba Health and updated monthly to provide the minister and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Manitoba Centre for Health Policy: continues to provide funding for policy evaluation and research initiatives.

Public Health Branch: continues participation in research initiatives with other organizations, provinces and the federal government to enhance leading-edge knowledge development related to the prevention, education, control and management of a range of communicable diseases.

Office of the Chief Provincial Public Health Officer: continues educational sessions in a variety of settings related to life threatening infections and diseases.

Aboriginal and Northern Health Office: works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal, Manitoba Health enacts changes to develop a culture that supports sustainable procurement practices within the department.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continuously updated.
- Government-wide directives on sustainable development initiatives such as recycling papers and toner cartridges are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, Manitoba Health has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continuously monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, Manitoba Health needs to reduce fossil fuel emission of its operations and activities.

HIGHLIGHTS:

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus, or carpooling. Promotion efforts are targeted to Manitoba Health staff on ways individuals can contribute to the efforts against climate change.

17. RESOURCE CONSERVATION

To meet the intent of this goal, Manitoba Health needs to reduce consumption of resources in a sustainable and environmentally friendly manner.

HIGHLIGHTS:

Capital Planning: work with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart designation to communities and health centres.

18. **COMMUNITY ECONOMIC DEVELOPMENT**

To meet the intent of this goal, Manitoba Health would need to ensure that procurement practices foster and sustain community economic development.

HIGHLIGHTS:

- Whenever possible, Aboriginal vendors are invited to list in the Aboriginal Business Registry to submit a response to services being tendered.
- Manitoba Health's Aboriginal and Northern Health Office supports the Aboriginal Human Resource Strategy implemented by the RHAs.
- Manitoba Health participates in the Manitoba Strategy to improve Aboriginal well-being with the Department of Indian and Northern Affairs that includes a Manitoba approach to community development.